FILED
Mar 22, 2007 8:00 am
Secretary of State
02-08-2007 90143 033 ****55.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

2/8
2

DOCUMENT # L04000024693

1. Entity Name
ABAD TRUCKING, LLC

Principal Place of Business	Mailing Address
2150 W. BONITA ROAD AVON PARK, FL 33825	2150 W. BONITA ROAD AVON PARK, FL 33825

DO NOT WRITE IN THIS SPACE

01262007 No Chg-LLC CR2E083 (11/05)

4. FEI Number
32-0116076
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ABAD, MARIA
2150 W. BONITA ROAD
AVON PARK, FL 33825

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Maria Abad 2/27/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	ABAD, ANIBAL
STREET ADDRESS	2150 W. BONITA ROAD
CITY-ST-ZIP	AVON PARK, FL 33825
TITLE	MGRM
NAME	ABAD, MARIA
STREET ADDRESS	2150 W. BONITA ROAD
CITY-ST-ZIP	AVON PARK, FL 33825
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Maria Abad 2/27/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #