

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 08, 2005 8:00 am
Secretary of State

01-12-2005 90028 001 ****50.00

DOCUMENT # L04000024755 1. Entity Name JIM'S TRUCKING & GENERAL SERVICES, LLC																					
Principal Place of Business 7935 VERNA BETHANY ROAD MYAKKA CITY, FL 34251			Mailing Address 7935 VERNA BETHANY ROAD MYAKKA CITY, FL 34251																		
2. Principal Place of Business		3. Mailing Address																			
Suite, Apt. #, etc.		Suite, Apt. #, etc.																			
City & State		City & State																			
Zip	Country	Zip	Country																		
6. Name and Address of Current Registered Agent DEPAOLA, JASON M ESQ 1205 MANATEE AVENUE WEST BRADENTON, FL 34205			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____																		
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 _____ (Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when resigning)) DATE _____																					
Filing Fee is \$30.00 Due by May 1, 2005				Make check payable to Florida Department of State																	
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 2px;">TITLE</td> <td style="width: 70%; padding: 2px;"> ☐ Delete </td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> </tr> </table>			TITLE	☐ Delete	NAME		STREET ADDRESS		CITY-ST-ZIP		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 2px;">TITLE</td> <td style="width: 70%; padding: 2px;"> ☐ Change ☒ Addition </td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"> PRESIDENT/OWNER </td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"> JAMES O. HYDE </td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"> 7935 VERNA BETHANY RD MYAKKA CITY, FL 34251 </td> </tr> </table>			TITLE	☐ Change ☒ Addition	NAME	PRESIDENT/OWNER	STREET ADDRESS	JAMES O. HYDE	CITY-ST-ZIP	7935 VERNA BETHANY RD MYAKKA CITY, FL 34251
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: James O. Hyde **JAMES O. HYDE** 1-8-05 941-322-8740
SIGNATURE, AND TYPED OR PRINTED NAME OF SIGNED MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #