

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 12, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000028749**

1. Entity Name  
**M & W FREIGHT, LLC**



Principal Place of Business  
**378 SW PECAN GLEN  
LAKE CITY, FL 32024 US**

Mailing Address  
**378 SW PECAN GLEN  
LAKE CITY, FL 32024 US**



01152007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>84-1649419</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**WRIGHT, MIGUEL O  
378 SW PECAN GLEN  
LAKE CITY, FL 32024**

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting) DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	<b>MGRM</b>
NAME	<b>WRIGHT, MIGUEL O</b>
STREET ADDRESS	<b>378 SW PECAN DRIVE</b>
CITY-ST-ZIP	<b>LAKE CITY, FL 32024</b>

TITLE	
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03/22/07-80053-002 55.00

**DO NOT WRITE  
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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:**

*Miguel O. Wright*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE

*3-9-07 386-697-6050*

Date

Daytime Phone #