



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 25, 2005 8:00 am
Secretary of State

04-22-2005 90044 018 *****50.00

DOCUMENT # L04000033019 1. Entity Name CHRIS HOFFMAN TRUCKING LLC					
Principal Place of Business 4719 VILABELLA RD SEBRING FL 33872			Mailing Address 4719 VILABELLA RD SEBRING FL 33872		
2. Principal Place of Business Sunn Lakes Sebring <small>Suite, Apt. #, etc.</small>		3. Mailing Address 4719 Vilabella Dr <small>Suite, Apt. #, etc.</small>			
City & State Sebring <small>Zip</small> 33872 <small>Country</small> USA		City & State Florida <small>Zip</small> <small>Country</small>		4. FEI Number 34-1990403 <small>Applied For</small> <small>Not Applicable</small>	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional <small>Fees Required</small>				30007538  1st MOORE CR2E083 (10/04)	
6. Name and Address of Current Registered Agent HOFFMAN, CHRIS 4719 VILABELLA DR SEBRING FL 33872					
7. Name and Address of New Registered Agent <small>Name</small> <small>Street Address (P.O. Box Number is Not Acceptable)</small> <small>City</small> FL <small>Zip Code</small>				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	
<div style="border: 1px solid black; padding: 5px; text-align: center;"> FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 </div>					
9. MANAGING MEMBERS/MANAGERS <input type="checkbox"/> Delete				10. ADDITIONS/CHANGES <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP MGRM HOFFMAN, CHRIS 4719 VILABELLA DR SEBRING FL 33872				TITLE NAME STREET ADDRESS CITY- ST- ZIP 	
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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: <u>Chris Hoffman</u> 3-1-05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					