


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

05-02-2006 90054 001 ***250.00
L04000034011

FILED

06 JUL 14 PM 12:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
30006746

DOCUMENT # L04000034011 1. Entity Name CAROL PICHARD TRUCKING, LLC					
Principal Place of Business 1409 PAUL THOMPSON RD. MONTICELLO, FL 32344			Mailing Address POST OFFICE BOX 870 WOODVILLE, FL 32362		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number NOT APPLICABLE	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KOWALCHYK, DEAN C 1538 METROPOLITAN BOULEVARD SUITE B-2 TALLAHASSEE, FL 32317			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGMR <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PICHARD, CAROL		NAME		
STREET ADDRESS	1409 PAUL THOMPSON ROAD		STREET ADDRESS		
CITY-ST-ZIP	MONTICELLO, FL 32344		CITY-ST-ZIP		
TITLE	<i>Jaye Richard</i> <input type="checkbox"/> Delete <i>MGR</i>		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<i>Jaye Richard</i>		NAME		
STREET ADDRESS	<i>PO Box 870</i>		STREET ADDRESS		
CITY-ST-ZIP	<i>Woodville Fl. 32362</i>		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 606, Florida Statutes.					
SIGNATURE: <i>Jaye Richard</i>			Date: <i>5-1-06</i> Daytime Phone #: <i>850-421-4816</i>		
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					