2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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1. Entity Nam	MENT # L04000038 S HAULING SERVICE LLC	3298			O.	5 JUL -8 PA	4:49 14:49 1000000000000000000000000000000000000	
Principal Plac	e of Business	Mailing Address		•	1 144	THATRY OF	* 49	
288 HALL RI		288 HALL RD				"ASSEFUE'S	TAR	
LAMONT, FL 32336		LAMONT, FL 32336				```FU	ήά!E	
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				1 71		!! 	(1) 58:11 (1 :6 1 (15))	\$160) (II (16)
2. Principal Place of Business		3. Mailing Address		+//	ا اااااااا	ii 140 5 1 1 1 1 1 1 1 1 1 1		
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Suite, Apt.	#, etc.	Suite, Apt. #, etc.						
•					07082005	Chg-LLC	CR2E083 (10/03)	•
City & State		City & State			4. FEI Numi	oer	, A	pplied For
					131-14	192 444	N	ot Applicable
Žip	Country	Zip	Cour	ntry	5 0-45-4		□ \$5.00 Ad	ditional
			ļ		5. Certificat	e of Status Desired	Fee Require	
	6. Name and Address of Current	Registered Agent			7. Name an	d Address of New R	legistered Agent	
				Name				-
MOORE, \	/ERONICA							
288 HALL			Street Address		(P.O. Box Numi	per is Not Acceptable	9)	
LAMONT,	FL 32336				•		 -	
				City		-	FL Zip Coo	de
				<u> </u>				
	named entity submits this statement for	or the purpose of changing its	register	ed office or registe	red agent, or b	oth, in the State of Flo	orida. I am familiar with	, and accept
the obligat	ions of registered agent.							
SIGNATURE .								
	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registere	d Agent signature required	d when reinstating)		DATE	
	ing Fee is \$50.00 by September 7, 2005						e check payable to a Department of Sta	te
9.	MANAGING MEMBE	RS/MANAGERS	10.			ADDITIONS	/CHANGES	
TITLE	MGRM	☐ Delete	TITL	F		000574	CHANGES	Addition
NAME	MOORE, JOE JR	Delete	NAM		07/1	4/0501067	?007 **50°.	00
STREET ADDRESS	288 HALL RD			EET ADDRESS				
CITY-ST-ZIP	LAMONT, FL 32336			'-ST-27P				
TITLE	☐ Delete T/TL				· ·	П Сһалое	Addition	
NAME	NAI Delete					☐ Change	Abbition	
STREET ADDRESS				EET ADDRESS				
CITY-ST-ZIP				+ST-ZIP				
			- 0111	-31-21				
TITLE		☐ Detete	TITL				Change	Addition Addition
NAME			NAM	1				
STREET ADDRESS				EET ADDRESS				
CITY-ST-ZIP			City	-ST-ZIP				
TITLE		Delete	TITL				☐ Change	☐ Addition
NAME			NAM	i i				
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP			СПҮ	-ST-ZIP				
TITLE		☐ Delete	TITL	E -			☐ Change	☐ Addition
NAME			NAM	ie				
STREET ADDRESS			STRE	ET ADDRESS				
CITY-ST-ZIP			СПҮ	-ST-ZIP				
TITLE		☐ Delete	TITL	E		-	☐ Change	Addition
NAME			NAM					
STREET ADDRESS			STRE	ET ADDRESS				
CITY-ST-ZIP			СПУ	-ST-ZIP				
11. l'hereby o	certify that the information supplied with	this filing does not qualify for	r the eve	motion stated in Se	ection 119 07/3	(i) Florida Statutes I	I further certify that the	nformation
indicated	on this report is true and accurate and	I that my signature shall have	the same	e legal effect as if n	nade under oat	h; that I am a manac	ging member or manag	er of the
limited lia	bility company or the receiver or truste	e empowered to execute this	report as	s required by Chap	ter 608, Florida	Statutes.	J	
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SIGNAT	URF. / NONW // DO	U VERO	MCa	7 M(00E	26	1-8-08	5 <i>561-</i>	4033
J.G.171		F SIGHTING MANAGING MEMBER, MAI	NAGER, OF	AUTHORIZED REPRESE	ENTATIVE	Date	Daytime Phone #	