2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT (AR)**

Feb 16, 2006 8:00 am Secretary of State DOCUNENT # L04000052978 02-16-2006 90146 009 ****50.00 1. Entity Name ZABINSKI TRUCKING, LLC Principal Place of Business Mailing Address 2150 ATLANTIC STREET, APT. 415 MELBOURNE BEACH FL 32951 2150 ATLANTIC STREET, APT. 415 MELBOURNE BEACH FL 32951 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) City & State City & State Applied For 4. FEI Number 20-1393198 Not Applicable Zio Country Zio Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ANDERSON, J. PATRICK Street Address (P.O. Box Number is Not Acceptable) 930 S. HARBOR CITY BLVD., SUITE 505 MELBOURNE FL 32901 City 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 Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstitting) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE ☐ Delete TITLE Change ☐ Addition NAME ZABRINSKI, JOSEPH R MAME STREET ADDRESS STREET ADDRESS 2150 ATLANTIC'ST, APT 415 CITY-ST-ZIP CITY+ST-7iP MELBOURNE BEACH FL 32951 Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DILE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

Delete

SIGNATURE

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7IP

TITLE

106 321-626-0207

Change

☐ Addition

FILED