

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 11, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000058421**

1. Entity Name  
**JIM'S TRANSPORT SERVICE, LLC**



Principal Place of Business  
**3447 SILVER MEADOW WAY  
PLANT CITY, FL 33566**

Mailing Address  
**3447 SILVER MEADOW WAY  
PLANT CITY, FL 33566**

**DO NOT WRITE IN THIS SPACE**



02132006No Chg-LLC

CR2E083 (11/05)

4. FCI Number  
**20-1479127**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

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

**MULCAHY, JAMES J  
3447 SILVER MEADOW WAY  
PLANT CITY, FL 33566**

**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 renewing)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

**000000502827  
04/26/06-80007-016 50.00**

**9. MANAGING MEMBERS/MANAGERS**

|                 |                        |
|-----------------|------------------------|
| TITLE           | MGRM                   |
| NAME            | MULCAHY, JAMES J       |
| STREET ADDRESS  | 3447 SILVER MEADOW WAY |
| CITY - ST - ZIP | PLANT CITY, FL 33566   |
| TITLE           |                        |
| NAME            |                        |
| STREET ADDRESS  |                        |
| CITY - ST - ZIP |                        |
| TITLE           |                        |
| NAME            |                        |
| STREET ADDRESS  |                        |
| CITY - ST - ZIP |                        |
| TITLE           |                        |
| NAME            |                        |
| STREET ADDRESS  |                        |
| CITY - ST - ZIP |                        |
| TITLE           |                        |
| NAME            |                        |
| STREET ADDRESS  |                        |
| CITY - ST - ZIP |                        |

**DO NOT WRITE  
IN THIS SPACE**

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:**

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

**4/7/06**

Date

**813 719 3769**

Daytime Phone #