


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 22, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000059825 1. Entity Name UNITED TRUCK AND TRAILER SALES, LLC	
--	---

Principal Place of Business 4200 WEST HIGHWAY 40 OCALA, FL 34482	Mailing Address 4200 WEST HIGHWAY 40 OCALA, FL 34482
--	--



02272006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
--	--------------------------------------

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent WILLIAM D. SOMAN, P.A. 3471 MAIN HIGHWAY, #622 MIAMI, FL 33133
--

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

1100000477530
04/06/06-80054-024 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILKERSON, NANCY 4200 WEST HIGHWAY 40 OCALA, FL 33482
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WILKERSON, JAMES B 4200 WEST HIGHWAY 40 OCALA, FL 34482
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: Nancy Wilkerson

3-20-06
DATE

352-804-8011
DAYTIME PHONE #