

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000063746

Entity Name: M & E TRUCKING LLC

FILED  
Apr 29, 2009  
Secretary of State

**Current Principal Place of Business:**

8064 SR 64 E  
ZOLFO SPRINGS, FL 33890

**New Principal Place of Business:**

**Current Mailing Address:**

8064 SR 64 E  
ZOLFO SPRINGS, FL 33890

**New Mailing Address:**

FEI Number: 77-0645156

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

AGENTS AND CORPORATIONS, INC.  
300 FIFTH AVENUE SOUTH  
SUITE 101-330  
NAPLES, FL 34102 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: WILSON, MARIO A MGR  
Address: 8064 SR 64 E  
City-St-Zip: ZOLFO SPRINGS, FL 33890 US

Title: MGRM ( ) Delete  
Name: WILSON, SHIRLEY E. MGRM  
Address: 8064 SR 64 E  
City-St-Zip: ZOLFO SPRINGS, FL 33890 US

Title: MGRM ( ) Delete  
Name: WILSON, CALVIN L. MGRM  
Address: 8064 SR 64 E.  
City-St-Zip: ZOLFO SPRINGS, FL 33890 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM ( ) Change (X) Addition  
Name: WILSON, CALLVIN  
Address: 304 DURHAM AVE  
City-St-Zip: LAKE PLACID, FL 338527868 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MARIO WILSON

MGR

04/29/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date