

LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

50.00

FILED

07 MAY -4 AM 9:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BK

CR2E083B (8/05)

DOCUMENT # L04000069201

1. Entity Name

L. D. Johnson Trucking LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1931 Welby Way

Suite, Apt. #, etc.
Suite 5

3. Mailing Address

Same

Suite, Apt. #, etc.

City & State

Tallahassee FL

City & State

4. FEI Number

20-1647870

Applied For

Not Applicable

Zip

32308

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Angela Moss Poole LLC

Street Address (P.O. Box Number is Not Acceptable)

1931 Welby Way

Suite 5

City

Tallahassee

FL

Zip Code

32308

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

Angela M. Poole

Signature, typed or printed name of registered agent and title if applicable.

5-1-07

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Larry D. Johnson Man. Member
1931 Welby Way, Suite 5
Tallahassee FL 32308

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Larry D. Johnson

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

Date

Daytime Phone #

5-1-07