2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Jun 27, 2005 8:00 am
Secretary of State
05-17-2005 90120 009 ****50.00

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DOCUMENT # L04000069633

1. Entity Name
RANSOM HAULING, LLC.

Principal Place of Business	Mailing Address
14561 NW 25 AVENUE OPALOCKA, FL 33054	14561 NW 25 AVENUE OPALOCKA, FL 33054

05062005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
14561 N.W. 25 AVE.	16475 N.W. 38 place
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: OPA Locka, FL.	City & State: OPA Locka, FL.
Zip: 33054 Country: U.S.A.	Zip: 33054 Country: U.S.A.

4. FEI Number 05-0610012 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RANSOM, ROBERT
14561 NW 25 AVENUE
OPALOCKA, FL 33054

7. Name and Address of New Registered Agent

Name

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

City FL 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 the obligations of registered agent.

SIGNATURE ____________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by September 7, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RANSOM, ROBERT 14561 NW 25TH AVENUE OPALOCKA, FL 33054	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] 4/28/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #