

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 28, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000069633

1. Entity Name
RANSOM HAULING, LLC.



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

Mailing Address
**16475 NW 38 PLACE
OPALOCKA, FL 33054**



01202006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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**

**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 reappointing)

DATE _____

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

U00000575534
08/29/06-80006-002 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	RANSOM, ROBERT
STREET ADDRESS	14561 NW 25TH AVENUE
CITY - ST - ZIP	OPALOCKA, FL 33054

TITLE	
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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

24 Aug 06 **186299-7783**

Date

Daytime Phone #