## 2007 LIMITED LIABILITY COMPANY

## Apr 04, 2007 8:00 am Secretary of State **ANNUAL REPORT** 04-04-2007 90035 003 \*\*\*\*50.00 DOCUMENT # L04000072960 1. Entity Name WILBUR CHEEK TRUCKING LLC Principal Place of Business Mailing Address 2142 SW QUARRY STREET 2142 SW QUARRY STREET PORT ST LUCIE, FL 34953 PORT ST LUCIE, FL 34953 02272007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1734189 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CHEEK, WILBUR C JR DO NOT WRITE 2142 SW QUARRY STREET PORT ST LUCIE, FL 34953 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 reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2007 9. MANAGING MEMBERS/MANAGERS TITLE MGR CHEEK, WILBUR C JR NAME STREET ADDRESS 2142 SW QUARRY STREET CITY-ST-ZIP PORT ST LUCIE, FL 34953 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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: ANAGINS MEMBER, OR AUTHORIZED REPRESENTATIVE WILLORC CHEER

NAME STREET ADDRESS CITY-ST-ZIP

**FILED**