


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90035 003 ****50.00

DOCUMENT # L04000072960	
1. Entity Name WILBUR CHEEK TRUCKING LLC	

Principal Place of Business 2142 SW QUARRY STREET PORT ST LUCIE, FL 34953	Mailing Address 2142 SW QUARRY STREET PORT ST LUCIE, FL 34953
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DO NOT WRITE IN THIS SPACE



02272007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-1734189	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CHEEK, WILBUR C JR
2142 SW QUARRY STREET
PORT ST LUCIE, FL 34953

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

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CHEEK, WILBUR C JR 2142 SW QUARRY STREET PORT ST LUCIE, FL 34953
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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: Wilbur C Cheek Jr. 4-1-07 772-201-2918
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

WILBUR C CHEEK JR.