

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L04000079738

1. Entity Name

TAYLOR OVERSIZE LOAD, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR 11 AM 11:01

Principal Place of Business

1217 W. TERRACE DR.
PLANT CITY FL 33563

Mailing Address

1217 W. TERRACE DR.
PLANT CITY FL 33563

2. Principal Place of Business

1217 W. Terrace Dr.

Suite, Apt. #, etc.

3. Mailing Address

1217 W. Terrace Dr.

Suite, Apt. #, etc.



1st MOORE

CR2E083 (10/04)

City & State

Plant City, FL

Zip

33563

Country

Hillsborough

City & State

Plant City, FL

Zip

33563

Country

Hillsborough

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

TAYLOR, JOE ANN
1217 W. TERRACE DR.
PLANT CITY FL 33563

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

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS / MANAGERS

TITLE MGR
NAME TAYLOR, JOE ANN
STREET ADDRESS 1217 W. TERRACE DR.
CITY-ST-ZIP PLANT CITY FL 33563 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
800048855078
03/22/05--01040--001 **50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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

Date

Daytime Phone #

3/8/05 813-299-3244