



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 14, 2006 8:00 am
Secretary of State

07-14-2006 90091 034 ****55.00

DOCUMENT # L04000084271					
1. Entity Name COTTONTAIL HAULING, LLC.					
Principal Place of Business PO BOX 182175 CASSELBERRY, FL 32718			Mailing Address PO BOX 182175 CASSELBERRY, FL 32718		
2. Principal Place of Business PO Box 182175		3. Mailing Address PO Box 182175			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Casselberry, FL		City & State Casselberry, FL 32718			
Zip 32718		Country USA		07082006 Chg-LLC CR2E083 (11/05)	
4. FEI Number 42-1654942				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent RODRIGUEZ, WANDA 2057 HILTON COURT 1 CASSELBERRY, FL 32707			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$50.00 Due by September 6, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MGR NAME RODRIGUEZ, WANDA STREET ADDRESS 2057 HILTON COURT #1 CITY-ST-ZIP CASSELBERRY, FL 32707	<input type="checkbox"/> Delete		TITLE MGR NAME Rodriguez, Wanda STREET ADDRESS 804 Brighton Dr. CITY-ST-ZIP Casselberry, FL 32707	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Wanda Rodriguez</u>			7/7/06		407-678-3703
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date</small>		<small>Daytime Phone #</small>