

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000089329

Entity Name: CMD TRAILERS, LLC

**FILED**  
**Feb 16, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

11863 NEW KING'S RD  
JACKSONVILLE, FL 32219

**New Principal Place of Business:**

6650 BARTH RD  
JACKSONVILLE, FL 32219

**Current Mailing Address:**

11863 NEW KING'S RD  
JACKSONVILLE, FL 32219

**New Mailing Address:**

6650 BARTH RD  
JACKSONVILLE, FL 32219

FEI Number: 11-3766747

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

DEPEW, C. MICHAEL  
11836 NEW KING'S RD  
JACKSONVILLE, FL 32219 US

**Name and Address of New Registered Agent:**

DEPEW, C. MICHAEL  
6650 BARTH RD  
JACKSONVILLE, FL 32219 US

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.

SIGNATURE: C. MICHAEL DEPEW

02/16/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: DEPEW, C. MICHAEL  
Address: 6650 BARTH RD  
City-St-Zip: JACKSONVILLE, FL 32219

Title: MGRM  
Name: CLARKE, ERNIE W JR  
Address: 6650 BARTH RD  
City-St-Zip: JACKSONVILLE, FL 32219

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: C. MICHAEL DEPEW

MGRM

02/16/2011

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date