

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000002457

FILED  
Aug 14, 2006  
Secretary of State

**Entity Name:** MARK WILLIAMSON TRUCKING LLC

**Current Principal Place of Business:**

3535 HIGH BLUFF DR.  
LARGO, FL 33770 US

**New Principal Place of Business:**

2865 MEADOW VIEW AVE  
LARGO, FL 33771 US

**Current Mailing Address:**

3535 HIGH BLUFF DR.  
LARGO, FL 33770 US

**New Mailing Address:**

2865 MEADOW VIEW AVE  
LARGO, FL 33771 US

FEI Number: 59-3484673      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

WILLIAMSON, MARK A  
3535 HIGH BLUFF DR.  
LARGO, FL 33770 US

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

WILLIAMSON, MARK A  
2865 MEADOW VIEW AVE  
LARGO, FL 33771 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:

08/14/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: WILLIAMSON, MARK A  
Address: 3535 HIGH BLUFF DR.  
City-St-Zip: LARGO, FL 33770 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: WILLIAMSON, MARK A  
Address: 2865 MEADOW VIEW AVE  
City-St-Zip: LARGO, FL 33771 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: MARK WILLIAMSON

MGR

08/14/2006

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