

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JUN 26 PM 3:08

DOCUMENT # L05000010799

1. Entity Name
REDCON'S TRUCKING, LLC



Principal Place of Business
7950 130TH AVE
FELLSMERE, FL 32948

Mailing Address
7950 130TH AVE
FELLSMERE, FL 32948



04302008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2265775

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CONNOLLY, SHELLIE S
7950 130TH AVE
FELLSMERE, FL 32948

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

900131814349
06/27/08--01032--017 **138.75

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME CONNOLLY, SHELLIE S
STREET ADDRESS 7950 130TH AVE
CITY-ST-ZIP FELLSMERE, FL 32948

TITLE MGR
NAME CONNOLLY, MICHAEL
STREET ADDRESS 7950 130TH AVE
CITY-ST-ZIP FELLSMERE, FL 32948

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: *Shellie S. Connolly*

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

5/1/08 (772) 342-8230

Date

Daytime Phone #