

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000010998

Entity Name: BADD OG TRUCKING LLC

**FILED**  
**Feb 18, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

1315 EL PARDO DRIVE  
TRINITY, FL 346557044 US

**New Principal Place of Business:**

**Current Mailing Address:**

1315 EL PARDO DRIVE  
TRINITY, FL 346557044 US

**New Mailing Address:**

FEI Number: 04-3805508

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MANSFIELD, ROBERT E  
1315 EL PARDO DR.  
NEW PORT RICHEY, FL 34655 US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MANSFIELD, ROBERT E  
Address: 1315 EL PARDO DRIVE  
City-St-Zip: TRINITY, FL 346557044 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ROBERT E. MANSFIELD

MGRM

02/18/2007

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