## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT'



FILED Apr 20, 2006 8:00 am Secretary of State

DOCUMENT # L05000011543  1. Entity Name WILLIAMS TRUCKING, LLC						03-28-2006	_	49 ****5		
Principal Place of Business 2529 PALM DRIVE, N.E. WINTER HAVEN, FL 33881		Mailing Address 2529 PALM DRIVE, N.E. WINTER HAVEN, FL 33881		· · · · · · · · · · · · · · · · · · ·		TYCCAGO				
Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01152006	Chg-LLC	CR2E0	83 (11/05)			
City & State		City & State		4. FEI Numb			<del></del>	oplied For ot Applicable		
Zip	Country	Zip	Zip Country			e of Status Desired		\$5.00 Add Fee Require	ditional	
	6. Name and Address of Current R	legistered Agent			7. Name an	d Address of New R				
		<del></del>		Name						
CEDRIC E 175 5TH S SUITE # 2		Street Address			s (P.O. Box Numb	(P.O. Box Number is Not Acceptable)				
	HAVEN, FL 33881									
THE CONTRACT OF STREET				City	ily FL Zip Code					
The above named entity submits this statement for the purpose of changing its regist				ed office or regis	1					
the obligat	tions of registered agent.								. ж	
SIGNATURE	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE	Registere	d Agent signature requi	ired when reinstating)		DATE			
Filing Fee is \$50.00 Due by May 1, 2006						Make check payable to Florida Department of State				
FI D	iling Fee is \$50.00 ue by May 1, 2006								•	
9.	MANAGING MEMBER	RS/MANAGERS	10.				Departme		•	
9. ITILE	MANAGING MEMBER	RS/MANAGERS	Шſ	I		Florida	Departme		● Addition	
9. TITLE NAME	MANAGING MEMBER MGRM WILLIAMS, VICTOR		TITLE	Œ		Florida	Departme	ent of Stat		
9. ITILE	MANAGING MEMBER		TITLE Name Stre	I		Florida	Departme	ent of Stat		
9.  TITLE  NAME  STREET ADDRESS	MANAGING MEMBER MGRM WILLIAMS, VICTOR 2529 PALM DR. , N.E.		TITLE Name Stre	E EET ADDRESS -SI-ZIP		Florida	Departme	ent of Stat		
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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.

AMAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE SIGNATURE:

3124106

Daytime Phone #