## 2007 LIMITED LIABILITY COMPANY

## DOCUMENT #L05000018660



**FILED** Apr 13, 2007 8:00 am Secretary of State 04-13-2007 90043 002 \*\*\*\*50.00

34460 BERMONT RD. 34460 BERMONT RD.	CAPERS	TRUCKING, LLC				0 <b>1 13 2</b> 00,	, , , , , , , , , , , , , , , , , , ,	20		
Suite. Apt. 4. etc.    Suite. Apt. 4. etc.   Cry & State   Cry & State   A. FEI Number 20-2385425   Not Applicable for 20-2385425   S. Certificate of Status Desired   Status D	34460 BERMONT RD. 34460 BERMONT RD.			82		1817 FINI BOUL ABUK 481	4010/1100/12010		<b>11</b> 1 111 1110	
City & State    City & State   City & State   City & State   City & State   A-EF Number   20-2385425   New Applicable for   20-2385425   New Applicable   Property   New A	2. Principal Pl	ace of Business - No P.O. Box #	3. Mailing Address							
Zip Country Zip Country S. Centricate of Status Desired   \$5.000 Additional Personal	Suite, Apt. #, etc.		Suite, Apt. #, etc.		04052007	Chg-LLC	CR2E083	(12/06)		
S. Certicate of Status Desired   Fee Required   State of Status Desired   State of Status Desired   State of St	City & State		City & State			Not Applic				
Name   Street Address (P.O. Box Number is Not Acceptable)   Street Address (P.O. Bo	Zip	Country	Zip	Country			Fee	Required		
Street Address (P.C. Box Number is Not Acceptable)  Street Address (P.C. Box Number is Not Acceptable)  City FL Zip Code  6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both. In the State of Forida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Filling Five is \$50.00  The by May 1, 2007  PUNTA GORDA, FL 33982  TITL  MARK GRAHAM, BETSY M  Addition  MARK  GRAHAM, BETSY M  Addition  MARK  GRAHAM, BETSY M  Addition  MARK  GRAHAM, BETSY M  Addition  MARK  GRAHAM, BETSY M  MARK  GRAHAM, B		6. Name and Address of Current I	Registered Agent	Nama	7. Name and	Address of New R	egistered Age	nt ·		
Street Address (P.O. Box Number is Not Acceptable)    City   FL   Zip Code	GRAHAM.	BETSY M		Name				_		
B. 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    Filling Fee is \$50.00   Due by May 1, 2007   Date   Make check payable to Florida Department of State	34460 BEF	RMONT RD.		Street Addre	ss (P.O. Box Numbe	r is Not Acceptable	)			
the obligations of registered agent.  SIGNATURE    Filling Fee is \$50.00				City		<del></del> -	FL	Zip Code	,	
Filling Fee is \$50.00    Make check payable to Florida Department of State   Pilling Fee is \$50.00   Make check payable to Florida Department of State   Pilling Fee is \$50.00   Make check payable to Florida Department of State   Pilling Fee is \$50.00   Make check payable to Florida Department of State   Pilling MGRM   Delete   ITILE   MGRM   GRAHAM, BETSY M   MAKE STREET MORESS   STREET MORESS   MAKE STRE										
9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES  ITILE MGRM GRAHAM. BETSY M SA460 BERMONT RD. SIRET ADDRESS CITY-S1-ZIP  ITILE MAKE SIRET ADDRE	SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE	: Registered Agent signature rec	quired when reinstating)		DATE			
TITLE MGRM GRAHAM, BETSY M STREET ADDRESS CITY-ST-ZIP PUNTA GORDA, FL 33982  TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PUNTA GORDA, FL 33982  TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PUNTA GORDA, FL 33982  TITLE NAME STREET ADDRESS CITY-ST-ZIP PUNTA GORDA, FL 33982  TITLE NAME STREET ADDRESS CITY-ST-ZIP PUNTA GORDA, FL 33982  TITLE NAME STREET ADDRESS CITY-ST-ZIP PUNTA GORDA G										
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZI	9.	MANAGING MEMBE	RS/MANAGERS	10.		ADDITIONS/	CHANGES			
STREET ADDRESS CITY-ST-ZIP PUNTA GORDA, FL 33982  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-Z	TITLE	MGRM	☐ Delete	TITLE			_	] Change	Addition	
CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE		·								
TITLE NAME STREET ADDRESS CITY- ST-ZIP  TITLE	-								-	
NAME SIREET ADDRESS CITY-ST-ZIP  TITLE NAME SIREET ADDRES		F0/41/A GONDA, FE 33302						7 Channe	Addition	
CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITL			Delete				_	) Unange		
NAME SIREET ADDRESS CITY-ST-ZIP  TITLE NAME SIREET ADDRES										
STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET AD			☐ Delete				_	] Change	Addition	
CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-Z										
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRES										
STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CIT	TITLE		☐ Delete	TITLE			=	] Change	Addition	
CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP									Ì	
TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITL									ļ	
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  11. 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	TITLE		Delete	<b>—</b>			<del>-</del>	Change	Addition	
CITY-S1-ZIP  TITLE NAME STREET ADDRESS CITY-S1-ZIP  11. 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	NAME		_ 574.7				_		_	
NAME STREET ADDRESS CITY-ST-ZIP  11. 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										
STREET ADDRESS  CITY-ST-ZIP  STREET ADDRESS  CITY-ST-ZIP  11. 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			☐ Delete					] Change	Addition	
CITY-ST-ZIP  11. 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				l i					ļ	
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	1									
	indicated	on this report is true and accurate and	that my signature shall have t	the same legal effect as	s if made under oath;	; that I am a manag	orther certify the ging member o	at the infor	mation r of the	