

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000019947

**FILED**  
**Aug 22, 2011**  
**Secretary of State**

**Entity Name:** MICKEY JOHNSON TRUCKING, LLC

**Current Principal Place of Business:**

289 N.E. 223RD AVE.  
CROSS CITY, FL 32628

**New Principal Place of Business:**

289 N.E. 223RD AVE.  
CROSS CITY, FL 32628 UN

**Current Mailing Address:**

PO BOX 820  
CROSS CITY, FL 32628

**New Mailing Address:**

**FEI Number:** 20-4124722      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

JOHNSON, MICKEY J MANAGER  
289 N.E. 223RD AVE.  
CROSS CITY, FL 32628 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:** MGR  
**Name:** JOHNSON, MICKEY J MANAGER  
**Address:** P.O. BOX 820  
**City-St-Zip:** CROSS CITY, FL 32628

**Title:** MGRA  
**Name:** JOHNSON, MICKEY T CO-MGR  
**Address:** P O BOX 1895 - 350 NE 223RD AVE  
**City-St-Zip:** CROSS CITY, FL 32628

I hereby 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: MICKEY J. JOHNSON

MGR

08/22/2011

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