

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000025007

1. Entity Name
WES SMITH TRUCK AND TRACTOR SERVICE, LLC



FILED
08 AUG -5 PM 1:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
14 BUCKHORNCREEK RD
SOPCHOPPY, FL 32358

Mailing Address
P.O. BOX 523
SOPCHOPPY, FL 32358



08052008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, CHARLES W
14 BUCKHORNCREEK RD
SOPCHOPPY, FL 32358

BSK

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
SMITH, CHARLES W
14 BUCKHORNCREEK RD
SOPCHOPPY, FL 32358 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
400134355954
08/12/08--01008--003 **138.75

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
SMITH, HARRIET E
14 BUCKHORNCREEK RD
SOPCHOPPY, FL 32358 ☐ Delete

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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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Charles W. Smith*

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

8/5/08

Date

Daytime Phone #