2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

9/6/2006-96008-004-$55.00-$55.00
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 SEP 14 AM 9:15

DOCUMENT # L05000031541

1. Entity Name
ACM TRUCKING, LLC

Principal Place of Business	Mailing Address
376 NE DOUBLETREE AVE MADISON FL 32340	376 NE DOUBLETREE AVE MADISON FL 32340

2nd MOORE CR2E083 (4/06)

2. Principal Place of Business	3. Mailing Address
360 N.E. Doubletree Ave	360 N E Doubletree Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Madison, Fl, 32340	City & State: Madison
Zip: 32340 Country: Madison	Zip: 32340 Country: Madison

4. FEI Number — Applied For / Not Applicable ✓

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MURPHY, ALFERD C
376 NE DOUBLETREE AVE
MADISON FL 32340

7. Name and Address of New Registered Agent

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 Alferd C Murphy owner
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By September 6, 2006

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Owner Alferd C Murphy 32340 360 N.E. Doubletree Ave Madison Fl. ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Manager Saville Murphy 32340 360 N.E. Doubletree Ave Madison Fl. ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: C Murphy 8/26/06 (850) 491-4315
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #