

# **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000034172

**FILED**  
**Apr 30, 2006**  
**Secretary of State**

**Entity Name:** SHIELDS TRUCKING AND TOWING LTD. CO.

**Current Principal Place of Business:**

3271 SABAL PALM MANOR  
#203  
HOLLYWOOD, FL 33024

**New Principal Place of Business:**

711 TREKKER STREET  
JACKSONVILLE, FL 32216

**Current Mailing Address:**

3271 SABAL PALM MANOR  
#203  
HOLLYWOOD, FL 33024

**New Mailing Address:**

711 TREKKER STREET  
JACKSONVILLE, FL 32216

**FEI Number:** 43-1991208

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SHIELD, LATOYA N  
3271 SABAL PALM MANOR  
#203  
HOLLYWOOD, FL 33024 US

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

SHIELD, LATOYA N  
711 TREKKER STREET  
JACKSONVILLE, FL 32216 US

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:** LATOYA SHIELD

04/30/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR ( ) Delete  
**Name:** SHIELD, MARVIN E  
**Address:** 3271 SABAL PALM MANOR #203  
**City-St-Zip:** HOLLYWOOD, FL 33024

**ADDITIONS/CHANGES:**

**Title:** MGR (X) Change ( ) Addition  
**Name:** SHIELD, MARVIN E  
**Address:** 711 TREKKER STREET  
**City-St-Zip:** JACKSONVILLE, FL 32216

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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:** MARVIN E. SHIELD

MGR

04/30/2006

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