

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**DOCUMENT # L05000040038**

1. Entity Name  
**J.R.P. TRUCKING, LLC**



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 JAN -9 AM 8:56

9-15-06  
BISD-w

Principal Place of Business  
422 3RD. STREET  
APT. 422  
WEST PALM BEACH FL 33406

Mailing Address  
422 3RD. STREET  
APT. 422  
WEST PALM BEACH FL 33406



2. Principal Place of Business  
**5208 Edham Dr**

3. Mailing Address  
**5208 Edham dr**

Suite, Apt. #, etc.  
**#1**

2nd MOORE CR2E083 (4/06)

City & State  
**West Palm Beach FL**

City & State  
**West Palm Beach FL**

Zip  
**33415**

Country

Zip  
**33415.**

Country

FEI Number

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**DAS, MARKUS K**  
**174 DOVE CIRCLE**  
**ROYAL PALM BEACH FL 33411**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. 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	MGRM RAMGAHAN, NARENDRA J 422 3RD. STEET WEST PALM BEACH FL 33406 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PERSAUD, RAJSHREE E 91 -11 211 STREET QUEENS VILLAGE NY 11428 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PRASHAD, RAJMATTIE 91 -11 211 STREET QUEENS VILLAGE NY 11428 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Narendra Ramgahan

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

Date

Daytime Phone #