

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90134 045 ****55.00

DOCUMENT # L05000040332

1. Entity Name

GARNER TRACTOR & HAULING SERVICE, L.L.C.



Principal Place of Business

3002 KINGSWOOD DRIVE
TAMPA FL 33619

Mailing Address

P.O. BOX 622
MANGO FL 33550

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

76-0792999

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

1st MOORE

CR2E083 (10/05)



6. Name and Address of Current Registered Agent

GARNER, SABRYNA
3002 KINGSWOOD DRIVE
TAMPA FL 33619

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

Sabryna Garner

(NOTE: Registered Agent signature required when reinstating)

DATE

1-30-06

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME GARNER, SABRYNA
STREET ADDRESS 3002 KINGSWOOD DRIVE
CITY-ST-ZIP TAMPA FL 33619 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE MGR
NAME JOSEPH GARNER
STREET ADDRESS 3002 KINGSWOOD DR
CITY-ST-ZIP TAMPA, FL 33619 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 Section 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:

Sabryna Garner, Joseph Garner

1-30-06

813-361-0253

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

Date

Daytime Phone #