

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 11, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000055205	
1. Entity Name RENEGADE TRUCKING LLC	

Principal Place of Business 1624 SWAMP ROSE LANE TRINITY FL 34655	Mailing Address 1624 SWAMP ROSE LANE TRINITY FL 34655
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E083 (10/06)

4. FEI Number 20-2949189	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent WHITEMORE CARRIGAN LLP 3910 NORTHDAL BLVD SUITE 100 TAMPA FL 33624	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 re-registering) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007.

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM FINOCCHIO, VINCENT 1624 SWAMP ROSE LANE TRINITY FL 34655 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	U00000763610 05/30/07-80017-012 50.00 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM FINOCCHIO, CAROL 1624 SWAMP ROSE LANE TRINITY FL 34655 ☐ 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
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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 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:

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

Date

Daytime Phone #

[Handwritten Signature]

4/20/07

727-423-4190