

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 24, 2007 08:00 A
Secretary of State

DOCUMENT # L05000056364 1. Entity Name BOYD HAULING LLC	
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Principal Place of Business 11067 SCOTT LOOP RIVERVIEW, FL 33569 US	Mailing Address PO BOX 1226 RIVERVIEW, FL 33568
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04262007No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-2954849	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BOYD, BILLY R SR
11067 SCOTT LOOP
RIVERVIEW, FL 33569

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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 reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BOYD, BILLY R SR 11067 SCOTT LOOP RIVERVIEW, FL 33569
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000785250
05/31/07-80031-010 50.00

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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: *Billy R Boyd* Date: 5/1/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #