

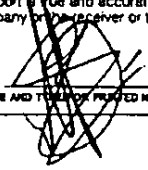
**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000064738					
1. Entity Name PIPE'S TRUCKING, LLC					
Principal Place of Business 6537 SPANISH MOSS CR TAMPA, FL 33625 US			Mailing Address 6537 SPANISH MOSS CR TAMPA, FL 33625 US		
2. Principal Place of Business 6537 Spanish Moss Cr			3. Mailing Address 6537 Spanish Moss Cr		
State, Apt. #, etc.			State, Apt. #, etc.		
City & State Tampa FL			City & State Tampa FL		
Zip 33625		Country Hillsb.		4. FEI Number 203083548	
5. Certificate of Status Desired ☐		5. \$5.00 Additional Fee Required ☐			
6. Name and Address of Current Registered Agent BOTERO, LUIS F 6537 SPANISH MOSS CR TAMPA, FL 33625			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 _____ (Signature, typed or printed name of registered agent and this if applicable) (NOTE: Registered Agent signature required when remaining) DATE _____					
Filing Fee is \$50.00 Due by September 8, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BOTERO, LUIS F 6537 SPANISH MOSS CR TAMPA, FL 33625 ☐ 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		
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 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: 		07/18/06			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #			