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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000064738

1. Entity Name
PIPE'S TRUCKING, LLC

Principal Place of Business	Mailing Address
6537 SPANISH MOSS CR TAMPA, FL 33625 US	6537 SPANISH MOSS CR TAMPA, FL 33625 US

07072006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
6537 Spanish Moss Cir	6537 Spanish Moss Cir.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tampa FL.	City & State: Tampa FL.
Zip: 33625 Country: Hillsb.	Zip: 33625 Country: Hillsborog

4. FEI Number 20-3083548. ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by September 6, 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

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 #