

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90317 041 ****50.00

DOCUMENT # L05000067686 1. Entity Name JEROME DANIELS TRUCKING SERVICES LLC					
Principal Place of Business ROUTE 3, BOX 151-A3 COLQUITT, GA 39837 US			Mailing Address ROUTE 3, BOX 151-A3 COLQUITT, GA 39837 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. Box 815 Suite, Apt. #, etc.			
City & State Zip Country		City & State Colquitt, GA Zip Country 39837		4. FEI Number 003120558 Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		6. Name and Address of Current Registered Agent ANGELA MOSS POOLE LLC 118 SALEM COURT TALLAHASSEE, FL 32301			
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 <u><i>Jerome Daniels</i></u> 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-STATE-ZIP	MGRM DANIELS, JEROME ROUTE 3 BOX 151-A3 COLQUITT, GA 39837	☐ Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition		
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-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 606, Florida Statutes.					
SIGNATURE: <u><i>Jerome Daniels</i></u> <u><i>4-9-07</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF BOARDING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					