2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 16, 2006 8:00 am
Secretary of State
03-16-2006 90024 040 ****50.00

DOCUMENT # L05000067869

1. Entity Name
WEST PALM TRUCKING, LLC

Principal Place of Business	Mailing Address
10686 OAK BEND WAY APT. A WELLINGTON, FL 33414 US	10686 OAK BEND WAY APT. A WELLINGTON, FL 33414 US

02142006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
10686 Oak Bend Way	10686 Oak Bend Way
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Wellington, FL	City & State: Wellington FL
Zip: 33414 Country: US	Zip: 33414 Country: US

4. FEI Number: 20-3122185 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ESPAILLAT, MARCO
10686 OAK BEND WAY
APT. A
WELLINGTON, FL 33414

7. Name and Address of New Registered Agent

Name:

Street Address (P.O. Box Number is Not Acceptable): 10686 Oak Bend Way

City: Wellington FL Zip Code: 33414

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: Marco Espaillat 2/17/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ESPAILLAT, MARCO 10686 OAK BEND WAY, APT. A WELLINGTON, FL 33414	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 10686 Oak Bend Way Wellington, FL 33414	☐ 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: Marco Espaillat 2/17/06 (561) 615.9055
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #