

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000075831

Entity Name: TMH TRUCKING, LLC

FILED
Apr 29, 2007
Secretary of State

Current Principal Place of Business:

10726 MERIDA DRIVE
ROOM 3
JACKSONVILLE, FL 32218 US

New Principal Place of Business:

12302 BRISTOL CREEK DR
JACKSONVILLE, FL 32218 US

Current Mailing Address:

10726 MERIDA DRIVE
ROOM 3
JACKSONVILLE, FL 32218 US

New Mailing Address:

P.O. BOX 77041
JACKSONVILLE, FL 32226 US

FEI Number: 56-2525452

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HOLMES, TERRANCE M
Address: 10726 MERIDA DRIVE
City-St-Zip: JACKSONVILLE, FL 32218 US

Title: MGRM () Delete
Name: HOLMES, KEONA J
Address: 10726 MERIDA DRIVE
City-St-Zip: JACKSONVILLE, FL 32218 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HOLMES, TERRANCE M
Address: 12302 BRISTOL CREEK DR
City-St-Zip: JACKSONVILLE, FL 32218 US

Title: MGRM (X) Change () Addition
Name: HOLMES, KEONA J
Address: 12302 BRISTOL CREEK DR
City-St-Zip: JACKSONVILLE, FL 32218 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: KEONA J HOLMES

MGRM

04/29/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date