2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000076431

1. Entity Name
S & S TRUCKING LLC

Principal Place of Business	Mailing Address
2575 W. SEIPLE RD AVON PARK, FL 33825 US	2575 W. SEIPLE RD AVON PARK, FL 33825 US

01232007No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
72-1604841
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

STORY, GAYLE K
2575 W. SEIPLE RD
AVON PARK, FL 33825

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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 Gayle Story Secretary 2/2/07
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, 2007

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	STORY, GAYLE K
STREET ADDRESS	2575 W. SEIPLE RD
CITY-ST-ZIP	AVON PARK, FL 33825
TITLE	MGRM
NAME	GAUSE, LINDA S
STREET ADDRESS	2575 W. SEIPLE RD
CITY-ST-ZIP	AVON PARK, FL 33825
TITLE	MGRM
NAME	STORY, JERALD J
STREET ADDRESS	2575 W. SEIPLE RD
CITY-ST-ZIP	AVON PARK, FL 33825
TITLE	MGRM
NAME	SNELL, STANLEY P
STREET ADDRESS	2575 W. SEIPLE RD
CITY-ST-ZIP	AVON PARK, FL 33825
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/12/07-80017-025 50.00

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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: Gayle Story Secretary 2/2/07 863-453-2440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #