

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 25, 2008 8:00 am
Secretary of State

01-25-2008 90073 001 ***277.50

DOCUMENT # L05000082181

1. Entity Name
SHADOW TRAILERS OF FLORIDA, LLC



Principal Place of Business Mailing Address
~~6785 WEST HIGHWAY 40~~ ~~6785 WEST HIGHWAY 40~~
~~OCALA, FL 34482~~ ~~OCALA, FL 34482~~
11860 NW 160TH AVE 11860 NW 160TH AVE
MORRISTON, FL 32668 MORRISTON, FL 32668

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

01182008 Chg-LLC CR2E083 (12/06)

4. FEI Number 04-3823774 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

PRUITT, LARRY
~~6785 WEST HIGHWAY 40~~
~~OCALA, FL 34482~~

ADDRESS
CHANGE

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
11860 NW 160TH AVE
City MORRISTON FL 32668

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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME PRUITT, LARRY
STREET ADDRESS 6785 WEST HIGHWAY 40
CITY-ST-ZIP OCALA, FL 34482

TITLE MGRM ☐ Delete
NAME ISAACS, LEE ANN
STREET ADDRESS 6785 WEST HIGHWAY 40
CITY-ST-ZIP OCALA, FL 34482

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGRM ☒ Change ☐ Addition
NAME PRUITT, LARRY
STREET ADDRESS 11860 NW 160TH AVE
CITY-ST-ZIP MORRISTON FL 32668

TITLE MGRM ☒ Change ☐ Addition
NAME LEE ANN PRUITT
STREET ADDRESS 11860 NW 160TH AVE
CITY-ST-ZIP MORRISTON FL 32668

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Larry Pruitt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date 1/18/08 Daytime Phone #