

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000082181

FILED
May 20, 2009
Secretary of State

Entity Name: SHADOW TRAILERS OF FLORIDA, LLC

Current Principal Place of Business:

11860 NW 160TH AVE
MORRISTON, FL 32668

New Principal Place of Business:

Current Mailing Address:

11860 NW 160TH AVE
MORRISTON, FL 32668

New Mailing Address:

FEI Number: 04-3823774 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

PRUITT, LARRY
11860 NW 160TH AVE
MORRISTON, FL 32668 US

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: PRUITT, LARRY
Address: 11860 NW 160TH AVE
City-St-Zip: MORRISTON, FL 32668

Title: MGRM () Delete
Name: ISAACS, LEE ANN
Address: 11860 NW 160TH AVE
City-St-Zip: MORRISTON, FL 32668

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: LARRY PRUITT

MGRM

05/20/2009

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