


FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90057 024 ***138.75

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L05000085366	
1. Entity Name FLOWERS TRUCKING, LLC	

Principal Place of Business 1712 SAWGRASS DRIVE SW PALM BAY, FL 32908	Mailing Address 1712 SAWGRASS DRIVE SW PALM BAY, FL 32908
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01082008No Cng-LLC CR2E08S (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 74-3152086	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

**FLOWERS, LENOX A
1712 SAWGRASS DRIVE SW
PALM BAY, FL 32908**

DO NOT WRITE IN THIS SPACE

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.

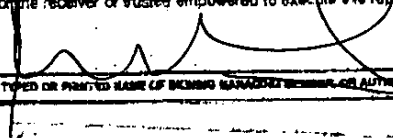
SIGNATURE _____ DATE _____
Signatures, typed or printed name of registered agent, and the filer applicant. (FILER: Registered Agent signature required when requested)

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$238.75**

7. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FLOWERS, LENOX A 1712 SAWGRASS DRIVE SW PALM BAY, FL 32908
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9. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, 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 the report as required by Chapter 608, Florida Statutes.

SIGNATURE:  **4/18/08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER, MEMBER, OR AUTHORIZED REPRESENTATIVE Date DELIVERED TO STATE