


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90177 042 ****50.00

DOCUMENT # L05000086661
 1. Entity Name
TS TRUCKING, LLC



Principal Place of Business Mailing Address
 539 SE 33RD ST. 539 SE 33RD ST.
 CAPE CORAL FL 33904 CAPE CORAL FL 33904

20005509



2. Principal Place of Business 3. Mailing Address
539 SE 33rd St **539 SE 33rd St**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
CAPE Coral **CAPE Coral**
 City & State City & State
FL **FL**

1st MOORE CR2E083 (10/05)

Zip Country Zip Country
33904 **Lee** **33904** **Lee.**

4. FEI Number Applied For
20-3397318 Not Applicable

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SEENAETH, TAGERNERINE 539 SE 33RD ST. CAPE CORAL FL 33904		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

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 _____ (NOTE Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State.
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SEENAETH, TAGENERINE 539 SE 33RD ST. CAPE CORAL FL 33904 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Tagenerine Seenaeth 1-24-06.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #