

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000102409

FILED  
May 01, 2009  
Secretary of State

**Entity Name:** KERRIGAN TRUCKING LLC

**Current Principal Place of Business:**

384 ADAIR STREET  
PORT CHARLOTTE, FL 33954

**New Principal Place of Business:**

**Current Mailing Address:**

384 ADAIR STREET  
PORT CHARLOTTE, FL 33954

**New Mailing Address:**

FEI Number: 56-2535552      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:**

KERRIGAN, BRIAN  
384 ADAIR STREET  
PORT CHARLOTTE, FL 33954      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: MGR      ( ) Delete  
Name: KERRIGAN, BRIAN  
Address: 384 ADAIR STREET  
City-St-Zip: PORT CHARLOTTE, FL 33954

Title: MGRM      ( ) Delete  
Name: KERRIGAN, BRANDI  
Address: 384 ADAIR STREET  
City-St-Zip: PORT CHARLOTTE, FL 33954

**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: BRIAN KERRIGAN

MGR

05/01/2009

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