

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000104937

FILED  
Apr 06, 2008  
Secretary of State

Entity Name: MANSFIELD HAULING, LLC.

**Current Principal Place of Business:**

1836 SE HILLSBOROUGH AVENUE  
ARCADIA, FL 34266

**New Principal Place of Business:**

**Current Mailing Address:**

1836 SE HILLSBOROUGH AVENUE  
ARCADIA, FL 34266

**New Mailing Address:**

FEI Number: 76-0803084

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MANSFIELD, MADELON A  
1836 SE HILLSBOROUGH AVENUE  
ARCADIA, FL 34266 US

**Name and Address of New Registered Agent:**

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: MANSFIELD, JURIL O  
Address: 1836 SE HILLSBOROUGH AVENUE  
City-St-Zip: ARCADIA, FL 34266

Title: MGR ( ) Delete  
Name: MANSFIELD, MADELON A  
Address: 1836 SE HILLSBOROUGH AVENUE  
City-St-Zip: ARCADIA, FL 34266

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

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

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

Title: MGR ( ) Change (X) Addition  
Name: TUCKER, HARRY L  
Address: 4530 NE MASTERS RD  
City-St-Zip: ARCADIA, FL 34266

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: MADELON MANSFIELD

MGR

04/06/2008

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