

DOCUMENT # L05000105515

1. Entity Name

CHRISTOPHER S. WISHARD TRUCKING, LLC



Principal Place of Business

4991 AVE B
ST. AUGUSTINE, FL 32095

Mailing Address

4991 AVE B
ST. AUGUSTINE, FL 32095

FILED
Apr 26, 2007 08:00 AM
Secretary of State



04182007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

13-4313532

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WISHARD, AMANDA
4991 AVE B
ST. AUGUSTINE, FL 32095

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	WISHARD, CHRISTOPHER S
STREET ADDRESS	4991 AVE B
CITY-ST-ZIP	ST. AUGUSTINE, FL 32095

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IN THIS SPACE**

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05/09/07-80113-018 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Amanda Wishard Amanda Wishard 4/19/07 904-814-0754

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #