

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000105515

1. Entity Name

CHRISTOPHER S. WISHARD TRUCKING, LLC



**FILED**  
**Jun 16, 2008 08:00 AM**  
**Secretary of State**

Principal Place of Business

4991 AVE B  
ST. AUGUSTINE, FL 32095

Mailing Address

4991 AVE B  
ST. AUGUSTINE, FL 32095



01142008 No Chg-LLC

CR2E083 (12/07)

**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

*Amanda Wishard*

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

(NOTE: Registered Agent signature required when reinstating)

6/14/08

DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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000000953163  
06/16/08-80002-008 538.75

**DO NOT WRITE  
IN THIS SPACE**

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:

*Christopher S. Wishard*

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

6/14/08

Date

Daytime Phone #