

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000001592

1. Entity Name
SABRINA'S TRUCKING LLC



Principal Place of Business

6707 TRIXIE DR
SEFFNER, FL 33584 US

Mailing Address

PO BOX 992
MANGO, FL 33550 US



04212008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-4083765

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, SABRINA A
6707 TRIXIE DR
SEFFNER, FL 33584

**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

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

U000000937553
05/27/08-80054-017 143.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
JOHNSON, SABRINA A
6707 TRIXIE DR
SEFFNER, FL 33584

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
JOHNSON, NATHANIEL III
6707 TRIXIE DR
SEFFNER, FL 33584

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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: *X*

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

X 4-24-08

Date

X 813-629-7210

Daytime Phone #