


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 17, 2007 8:00 am**  
**Secretary of State**

05-17-2007 90175 006 \*\*\*\*50.00

DOCUMENT # L06000010638					
1. Entity Name AMBASSADOR TRUCKING "LLC"					
Principal Place of Business 1839 DOYON COURT JACKSONVILLE, FL 32210 US			Mailing Address 1839 DOYON COURT JACKSONVILLE, FL 32210 US		
2. Principal Place of Business - No P.O. Box # <b>9600 Ford Rd</b>		3. Mailing Address <b>9600 Ford Rd</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Bryceville FL</b>		City & State <b>Bryceville, FL</b>		4. FEI Number <b>76-0811985</b>	
Zip <b>32009</b>		Country <b>Nassau</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		03122007 Chg-LLC CR2E083 (12/06)			
6. Name and Address of Current Registered Agent <b>ANDREWS, SHERRY D</b> <b>1839 DOYON COURT</b> <b>JACKSONVILLE, FL 32210</b>			7. Name and Address of New Registered Agent Name <b>Andrews, Sherry D.</b> Street Address (P.O. Box Number is Not Acceptable) <b>9600 Ford Rd</b> City <b>Bryceville</b> FL Zip Code <b>32009</b>		
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 <u><b>Sherry D. Andrews</b></u> DATE <b>3-15-07</b> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ANDREWS, SHERRY D 1839 DOYON COURT JACKSONVILLE, FL 32210	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Andrews, Sherry D. 9600 Ford Rd Bryceville FL 32009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ANDREWS, IRISH D 1839 DOYON COURT JACKSONVILLE, FL 32210	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ANDREWS, IRISH D. 9600 Ford Rd Bryceville FLA. 32009
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: <u><b>Sherry D. Andrews</b></u>				Date <b>3-15-07</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<small>Date Daytime Phone #</small>	

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