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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

4/2

DOCUMENT # L06000027143

1. Entity Name
RM TRUCKING, LLC

Principal Place of Business	Mailing Address
2755 INGOT PLACE SARASOTA FL 34235	2755 INGOT PLACE SARASOTA FL 34235
2. Principal Place of Business - No P.O. Box #: 4519 60th St E	3. Mailing Address: 4519 60TH St E
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Bradenton FL	City & State: Bradenton FL
Zip: 34203 Country: Manatee Florida	Zip: 34203 Country: Manatee Florida

01292007 Chg-LLC CR2E083 (12/06)

4. FEI Number: 20-4540522 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MONTENEGRO, ROBERTO
2755 INGOT PLACE
SARASOTA, FL 34235

7. Name and Address of New Registered Agent

Name: Montenegro, Roberto
Street Address (P.O. Box Number is Not Acceptable): 4519 60 th St E
City: Bradenton FL Zip Code: 34203

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: Roberto montenegro (Signature, typed or printed name of registered agent and title if applicable) — NOTE: Registered agent signature required when reinstating — DATE: 4/14/07

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM MONTENEGRO, ROBERTO 2755 INGOT PLACE SARASOTA, FL 34235	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	RM Truking LLC Roberto montenegro 4519 60 tH St E Bradenton FL 34203 Adress	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Roberto montenegro (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE) — Date: 4/14/07 — Daytime Phone #: 941-5441629