2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90353 019 ****55.00

DOCUMENT # L06000046976

1. Entity Name
SOS TRUCKING LLC

Principal Place of Business
508 VILLA DEL SOL LANE
202
ORLANDO, FL 32824 US

Mailing Address
508 VILLA DEL SOL LANE
202
ORLANDO, FL 32824 US

01262007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #
15205 WINDMILL HARBOR CT
Suite, Apt. #, etc.

3. Mailing Address
15205 WINDMILL HARBOR CT.
Suite, Apt. #, etc.

City & State: ORLANDO FL
Zip: 32828 Country: USA

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Zip: 32828 Country: USA

4. FEI Number: 20-4838728
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

PEINADO, SOSTENES A SR
508 VILLA DEL SOL LANE
202
ORLANDO, FL 32824

7. Name and Address of New Registered Agent

Name: SOSTENES A. PEINADO
Street Address (P.O. Box Number is Not Acceptable): 15205 WINDMILL HARBOR CT
City: ORLANDO FL Zip Code: 32828

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

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGR ☐ Delete	TITLE	MGR ☒ Change ☐ Addition
NAME	REYES, RUBY D	NAME	RUBY D. REYES
STREET ADDRESS	508 VILLA DEL SOL LANE #202	STREET ADDRESS	15205 WINDMILL HARBOR CT.
CITY-ST-ZIP	ORLANDO, FL 32824	CITY-ST-ZIP	ORLANDO FL 32828
TITLE	☐ Delete	TITLE	MGR ☐ Change ☒ Addition
NAME		NAME	SOSTENES A. PEINADO
STREET ADDRESS		STREET ADDRESS	15205 WINDMILL HARBOR CT.
CITY-ST-ZIP		CITY-ST-ZIP	ORLANDO FL 32828
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition,
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: _____ 4/3/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #