

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 30, 2007 8:00 am**  
**Secretary of State**

07-30-2007 90027 023 \*\*\*\*50.00

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07092007 Chg-LLC CR2E083 (12/06)

<b>DOCUMENT # L06000050289</b> 1. Entity Name <b>A &amp; B HAULING, LLC</b>					
Principal Place of Business <b>3626 SR 33 CLERMONT, FL 34711</b>			Mailing Address <b>PO BOX 700 CLERMONT, FL 34711</b>		
2. Principal Place of Business - No R.O. Box # <b>6345 Lake Erie Road</b>		3. Mailing Address <b>P.O. Box 120700</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>Groveland, FL</b>		City & State <b>Clermont, FL</b>		4. FEI Number <b>20-5512677</b>	
Zip <b>34736</b>		Country <b>Lake</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ASMA, WILLIAM N 884 S DILLARD STREET WINTER GARDEN, FL 34787</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 renewing)) DATE _____					
<b>Filing Fee is \$50.00 Due by September 14, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR MACDONELL, ALEX PO BOX 700 CLERMONT, FL 34781</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR MACDONELL, BARBARA PO BOX 700 CLERMONT, FL 34781</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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.					
<b>SIGNATURE:</b> <div style="float: right; text-align: right;"> <b>7-23-07</b> <b>888-645-8833</b>  <small>Date Daytime Phone #</small> </div>					