


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

**FILED**  
**Sep 06, 2007 8:00 am**  
**Secretary of State**

08-17-2007 90097 014 \*\*\*\*50.00

DOCUMENT # **L06000054054**  
 1. Entity Name  
**B. ED MUNDEN TRUCKING LLC**



Principal Place of Business Mailing Address  
**10930 N.E. 95 ST. ARCHER FL 32618** **10930 N.E. 95 ST. ARCHER FL 32618**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
**6084 NE 87 Ave** **6084 NE 87 Ave**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
**BRONSON FL** **BRONSON FL**  
 Zip Country Zip Country  
**32621 FL** **32621 FL**

4. FEI Number Applied For  
**093 59-3653666**  Not Applicable  
 5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent  
**MUNDEN, B. ED**  
**10930 N.E. 95 ST.**  
**ARCHER FL 32618**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOT Registered Agent signature required when registering)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By September 5, 2007**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>MUNDEN, B. ED</b> <b>10930 N.E. 95 ST.</b> <b>ARCHER FL 32618</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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"/> Change <input type="checkbox"/> 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: *B. Ed Munden* **7-1-2007**  
SIGNATURE EMPLOYED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date

*B. Ed Munden*