
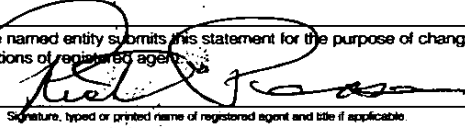
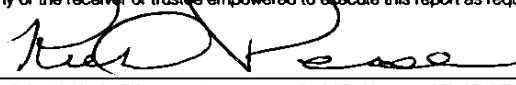


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90018 003 ***138.75

DOCUMENT # L06000055122 1. Entity Name EQUIPMENT TRANSPORTATION SALES, L.L.C.			
Principal Place of Business 3216 SANOMA DRIVE LAKELAND, FL 33811		Mailing Address PO BOX 1044 MULBERRY, FL 33860	
2. Principal Place of Business - No P.O. Box # 1105 Mt. Pisgah		3. Mailing Address PO Box 1044	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Ft. Meade, FL		City & State Mulberry FL	
Zip 33841		Zip 33860	
Country 		Country 	
4. FEI Number 56-2584849		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GONZALEZ, ALAN F ESQ 4600 W KENNEDY BLVD SALEM BUILDING SUITE 100 TAMPA, FL 33609		7. Name and Address of New Registered Agent Name Richard D. Pease Street Address (P.O. Box Number is Not Acceptable) 1105 Mt. Pisgah City Ft. Meade FL Zip Code 33841	
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 4/29/08 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PEASE, RICHARD D 3216 SANOMA DRIVE LAKELAND, FL 33811	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Pease, Richard D. 1105 Mt. Pisgah Ft. Meade, FL 33841
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" 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: 		Date 4/29/08 Daytime Phone # 863 285 8206	