

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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**FILED**  
**Mar 22, 2007 8:00 am**  
**Secretary of State**

03-02-2007 90185 040 \*\*\*\*50.00

<b>DOCUMENT # L06000056478</b> 1. Entity Name <b>S &amp; H TRUCKING COMPANY, LLC</b>					
Principal Place of Business <b>725 STEVENS AVENUE OLDSMAR, FL 34677 US</b>			Mailing Address <b>725 STEVENS AVENUE OLDSMAR, FL 34677 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.  City & State  Zip      Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip      Country			
01032007    Chg-LLC    CR2E083 (12/06)				4. FEI Number <b>59-2944080</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>YANTISS, SUDA L 725 STEVENS AVENUE OLDSMAR, FL 34677</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when re-stating)      DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 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	MGRM YANTISS, SUDA L 725 STEVENS AVENUE OLDSMAR, FL 34677	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM COLON, HECTOR M 725 STEVENS AVENUE OLDSMAR, FL 34677	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM YANTISS, MURIEL G 725 STEVENS AVENUE OLDSMAR, FL 34677	<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			
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> <i>Suda L Yantiss</i> <b>2-15-07</b> <b>813-814-2100</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #					



ATTACHMENT  
30003146

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 5, 2007

S & H TRUCKING COMPANY, LLC  
725 STEVENS AVENUE  
OLDSMAR, FL 34677 US

Subject: S & H TRUCKING COMPANY, LLC

Reference Number: L06000056478

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/sg  
ANNUAL REPORTS SECTION

*I thought ONLY the boxes  
with changed information needed  
to be completed??*