

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000056478

FILED
Apr 30, 2009
Secretary of State

Entity Name: S & H TRUCKING COMPANY, LLC

Current Principal Place of Business:

725 STEVENS AVENUE
OLDSMAR, FL 34677 US

New Principal Place of Business:

3711 TAMPA ROAD
SUITE 107
OLDSMAR, FL 34677 US

Current Mailing Address:

725 STEVENS AVENUE
OLDSMAR, FL 34677 US

New Mailing Address:

3711 TAMPA ROAD
SUITE 107
OLDSMAR, FL 34677 US

FEI Number: 59-2944080

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

YANTISS, SUDA L
725 STEVENS AVENUE
OLDSMAR, FL 34677 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: YANTISS, SUDA L
Address: 725 STEVENS AVENUE
City-St-Zip: OLDSMAR, FL 34677

Title: MGRM () Delete
Name: COLON, HECTOR M
Address: 725 STEVENS AVENUE
City-St-Zip: OLDSMAR, FL 34677

Title: MGRM () Delete
Name: YANTISS, MURIEL G
Address: 725 STEVENS AVENUE
City-St-Zip: OLDSMAR, FL 34677

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SUDA L. YANTISS

RA

04/30/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date