2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 08, 2007 8:00 am Secretary of State

DOCUMENT # L06000071079 1. Entity Name DBA TRUCKING, LLC					03-08-2007 90189 007 ****55.00		
Principal Place of Business		Mailing Address			DUNCTION		
2621 E. HILLSBOROUGH AVE. TAMPA, FL 33610		P.O. BOX 11947 TAMPA, FL 33680				 .	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01302007 Chg-LLC CR2E083 (12/06)		
City & State		City & State			4. FEI Number Applied F 20 – 5 2 2 0 8 7 8 Not Appli		
Zip	Country	Zip	Country		5. Certificate of Status Desired \$5.00 Additional Fee Required		
	6. Name and Address of Current	Registered Agent	Name		7. Name and Address of New Registered Agent		
FOWLER V			Leung, Connie				
501 E. KEN	NNEDY BLVD., SUITE 1700	Street Addre		Address (I	s (P.O. Box Number is Not Acceptable) 01 E Hillsborough Ave		
C/O ROBE TAMPA, FI	RT H. WALTUCH			200	71 E HIIISDOFOUGH AVE		
TAMEA, L	03002	4	City	Tam	npa FL $\frac{7_{10}}{33610}$		
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, Typer-e-purped agent and bill approach (NOTE: Registered Agent signature (equired when reinstating) DATE							
	Signature, typeu separate in international agent	and use ii applicative. (NOTE	. negisteleti Agerii sigria	rang radioners	C Wilder (Girosacing)		
Fii Du	ling Fee is \$50.00 ue by May 1, 2007				Make check payable to Florida Department of State		
9.	MANAGING MEMBE	_	10.	- Б	ADDITIONS/CHANGES		
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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.							
AHION (5.12)643-5159							
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #							