
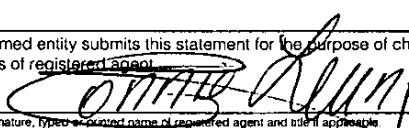
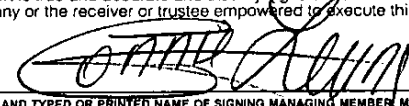


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

03-08-2007 90189 007 ****55.00

| | | | | | |
|--|---------------------------------|--|---|---|--|
| DOCUMENT # L06000071079 1. Entity Name DBA TRUCKING, LLC | | | |  | |
| Principal Place of Business 2621 E. HILLSBOROUGH AVE. TAMPA, FL 33610 | | | Mailing Address 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. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| 6. Name and Address of Current Registered Agent FWLER WHITE BOGGS BANKER P.A. 501 E. KENNEDY BLVD., SUITE 1700 C/O ROBERT H. WALTUCH TAMPA, FL 33602 | | | 7. Name and Address of New Registered Agent Name Leung, Connie Street Address (P.O. Box Number is Not Acceptable) 2801 E Hillsborough Ave City Tampa FL Zip Code 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  <small>Signature, typed or printed name of registered agent and title if applicable</small> | | | DATE Feb. 27, 2008 <small>(NOTE: Registered Agent signature required when reinstating)</small> | | |
| Filing Fee is \$50.00 Due by May 1, 2007 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
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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. | | | | | |
| SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | Date 1-31-07 Daytime Phone # (813) 642-5159 | | |