

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 07, 2008 8:00 am**  
**Secretary of State**

03-07-2008 90223 039 \*\*\*143.75

**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

**DO NOT WRITE IN THIS SPACE**



01172008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number  
20-5220878

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

LEUNG, CONNIE  
2801 E. HILLSBOROUGH AVE  
TAMPA, FL 33610

**DO NOT WRITE  
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
LEUNG, TONY  
2801 E HILLSBOROUGH AVE  
TAMPA, FL 33610

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
LEUNG, CONNIE  
2801 E HILLSBOROUGH AVE  
TAMPA, FL 33610

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2-14-08

813-642-5159