## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # L06000078857

1. Entity Name
VALLEJO TRUCKING LLC



FILED Apr 23, 2008 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

15511 ALDERMAN TURNER GROVE RD WIMAUMA, FL 33598 US

15511 ALDERMAN TURNER GROVE RD WIMAUMA, FL 33598 US



04092008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 31-1485442

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

VALLEJO, MACARIO 15511 ALDERMAN TURNER GROVE RD WIMAUMA, FL 33598

the obligations of registered agent

## DO NOT WRITE IN THIS SPACE

Date

Daytime Phone #

SIGNATURE Spend or protect himself representative distribution of representative distributions of representative distributions and title distributions (NOTE Representative distribution). DATE			
	Signalure, typed or printed name of registered agent and title it applicable	(NOTE Registered Agent signature required when reinstating)	UAII.
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-S1-ZIP	MGRM VALLEJO, MACARIO 15511 ALDERMAN TURNER RD WIMAUMA, FL 33598		
NAME STREET ADDRESS CITY - ST - ZIP			U00000918433 05/12/08-80002-028 138.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE NAME. STREET ADDRESS CITY-ST-ZIP		IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-S1-ZIP			
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 imited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			

HORIZED REPRESENTATIVE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agont, or both, in the State of Florida. Lam (amiliar with, and accept