2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 27, 2007 8:00 am
Secretary of State

05-21-2007 90364 028 ****50.00

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1. Entity Name

J & N TRUCKING, LLC

Principal Place of Business	Mailing Address
3998 MACDONOUGH AVE ORLANDO FL 32809-4516	PO BOX 771954 ORLANDO FL 32877-1954

1st MOORE CR2E083 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
4161 Sunny Glen Dr	PO box 771954
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lakeland FL	City & State: Orlando FL
Zip: 33813 Country	Zip: 32877 Country

4. FEI Number 20-5309028 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NEVAREZ, JOSE ALBERTO 3998 MACDONOUGH AVE ORLANDO FL 32809-4516	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NEVAREZ, JOSE ALBERTO 3998 MACDONOUGH AVE ORLANDO FL 32809-4516	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NEVAREZ, JOSE ALBERTO 4161 SUNNY GLEN DR LAKELAND, FL 33813	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #