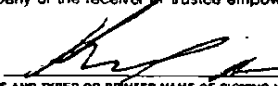


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 13, 2007 8:00 am
Secretary of State

05-11-2007 90198 047 ****50.00

5/1

DOCUMENT # L06000093155 1. Entity Name VIC-KIM TRUCKING, LLC					
Principal Place of Business 14252 BURNT STORE ROAD PUNTA GORDA FL 33955			Mailing Address P.O. BOX 510385 PUNTA GORDA FL 33951		
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		Country		4. FEI Number 22-2069123	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For ☒ Not Applicable	
6. Name and Address of Current Registered Agent FRISING, HAROLD R 14252 BURNT STORE ROAD PUNTA GORDA FL 33955				7. Name and Address of New Registered Agent 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 _____ DATE _____ Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when revoking)					
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	MGRM FRISING, HAROLD R 14252 BURNT STORE ROAD PUNTA GORDA FL 33955 ☐ 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
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:  Harold R. Frising 4/24/07 (941) 9165360 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE					