


9007/02/71

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 25, 2007 8:00 am
Secretary of State

01-25-2007 90085 021 ****55.00

DOCUMENT # L06000098003			
1. Entity Name DALLAS TRUCKING LLC			
Principal Place of Business 899 HWY 19 N PALATKA, FL 32177 US		Mailing Address 899 HWY 19 N PALATKA, FL 32177 US	
2. Principal Place of Business - No P.O. Box # 899 N. SR. 19		3. Mailing Address 899 N. SR. 19	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State PALATKA FL.		City & State PALATKA FL.	
Zip 32177	Country PUTNAM	Zip 32177	Country PUTNAM
4. FEI Number 205668712		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DALLAS, RALPH 899 HWY 19 N PALATKA, FL FL		7. Name and Address of New Registered Agent Name DALLAS TRUCKING LLC Street Address (P.O. Box Number is Not Acceptable) 899 N SR 19 City PALATKA FL Zip Code 32177	
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 <u><i>Ralph Dallas Jr.</i></u> DATE <u><i>1-16-07</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (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	MGRM RALPH, DALLAS 899 HWY 19 N PALATKA, FL 32177 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>Ralph Dallas Jr.</i></u>		Date <u><i>1-16-07</i></u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	