

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000105072

FILED  
May 04, 2008  
Secretary of State

Entity Name: B & J TRUCKING LLC

**Current Principal Place of Business:**

4509 WESTOVER DR.  
TALLAHASSEE, FL 32303

**New Principal Place of Business:**

**Current Mailing Address:**

4509 WESTOVER DR.  
TALLAHASSEE, FL 32303

**New Mailing Address:**

FEI Number: 74-3192516      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

BENNETT, BRUCE  
4509 WESTOVER DR.  
TALLAHASSEE, FL 32303      US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: BENNETT, BRUCE  
Address: 4509 WESTOVER DR.  
City-St-Zip: TALLAHASSEE, FL 32303

Title: MGRM      ( ) Delete  
Name: BENNETT, JOAN  
Address: 4509 WESTOVER DR.  
City-St-Zip: TALLAHASSEE, FL 32303

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: BRUCE A. BENNETT

OWNE

05/04/2008

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date