


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90022 003 ***138.75

DOCUMENT # L06000109777					
1. Entity Name A&M TRUCKING LLC					
Principal Place of Business 605 POOL BRANCH ROAD FT. MEADE, FL 33841 US			Mailing Address 605 POOL BRANCH ROAD FT. MEADE, FL 33841 US		
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	4. FEI Number 41-2220080	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CREWS, BRIAN 605 POOL BRANCH ROAD FT. MEADE, FL 33841			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CREWS, BRIAN 605 POOL BRANCH ROAD FT. MEADE, FL 33841	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHIVER, RONNIE 500 POOL BRANCH ROAD FT. MEADE, FL 33841	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CREWS, ANNETTE 605 POOL BRANCH RD FT. MEADE, FL 33841	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CREWS, BRIAN 605 POOL BRANCH ROAD FT. MEADE, FL 33841	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CREWS, BRIAN 605 POOL BRANCH ROAD FT. MEADE, FL 33841	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CREWS, BRIAN 605 POOL BRANCH ROAD FT. MEADE, FL 33841	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CREWS, BRIAN 605 POOL BRANCH ROAD FT. MEADE, FL 33841	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CREWS, BRIAN 605 POOL BRANCH ROAD FT. MEADE, FL 33841	<input type="checkbox"/> Delete			
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 603, Florida Statutes.					
SIGNATURE: <u>Brian Crews Brian Crews</u> 4-3-08					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

60030364



04012008 Chg-LLC CR2E083 (12/06)

4. FEI Number
41-2220080

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

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ **DATE** _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS	10. ADDITIONS/CHANGES
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
MGRM CREWS, BRIAN 605 POOL BRANCH ROAD FT. MEADE, FL 33841	P Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
MGRM SHIVER, RONNIE 500 POOL BRANCH ROAD FT. MEADE, FL 33841	VP Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
MGRM CREWS, ANNETTE 605 POOL BRANCH RD FT. MEADE, FL 33841	ST Crews, Annette 605 Pool Branch Rd Ft. Meade, FL 33841 Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
MGRM CREWS, BRIAN 605 POOL BRANCH ROAD FT. MEADE, FL 33841	Change <input type="checkbox"/> Addition <input type="checkbox"/>
MGRM CREWS, BRIAN 605 POOL BRANCH ROAD FT. MEADE, FL 33841	Change <input type="checkbox"/> Addition <input type="checkbox"/>
MGRM CREWS, BRIAN 605 POOL BRANCH ROAD FT. MEADE, FL 33841	Change <input type="checkbox"/> Addition <input type="checkbox"/>
MGRM CREWS, BRIAN 605 POOL BRANCH ROAD FT. MEADE, FL 33841	Change <input type="checkbox"/> Addition <input type="checkbox"/>

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SIGNATURE: Brian Crews Brian Crews **4-3-08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE