

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000109777

FILED
Jan 29, 2009
Secretary of State

Entity Name: A&M TRUCKING LLC

Current Principal Place of Business:

605 POOL BRANCH ROAD
FT. MEADE, FL 33841 US

New Principal Place of Business:

Current Mailing Address:

605 POOL BRANCH ROAD
FT. MEADE, FL 33841 US

New Mailing Address:

FEI Number: 41-2220080

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CREWS, BRIAN
605 POOL BRANCH ROAD
FT. MEADE, FL 33841 US

Name and Address of New Registered Agent:

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: P () Delete
Name: CREWS, BRIAN
Address: 605 POOL BRANCH ROAD
City-St-Zip: FT. MEADE, FL 33841 US

Title: VP () Delete
Name: SHIVER, RONNIE
Address: 500 POOL BRANCH ROAD
City-St-Zip: FT. MEADE, FL 33841 US

Title: ST () Delete
Name: CREWS, ANNETTE
Address: 605 POOL BRANCH RD
City-St-Zip: FORT MEADE, FL 33841

ADDITIONS/CHANGES:

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

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: ANNETTE CREWS

ST

01/29/2009

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