

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000119302

FILED
Apr 15, 2009
Secretary of State

Entity Name: H&S TRUCKING OF SAINT PETERSBURG FLORIDA, LLC

Current Principal Place of Business:

2697 GRANADA CIRCLE WEST
SAINT PETERSBURG, FL 33712 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 13511
SAINT PETERSBURG, FL 33733 US

New Mailing Address:

FEI Number: 16-1780205

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DELOACH, SHIRLEY C
2697 GRANADA CIRCLE WEST
SAINT PETERSBURG, FL 33733 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: MGR () Delete
Name: DELOACH, HERSCHEL L
Address: 2697 GRANADA CIRCLE WEST
City-St-Zip: SAINT PETERSBURG, FL 33712 FL

Title: MGR () Delete
Name: DELOACH, SHIRLEY C
Address: 2697 GRANADA CIRCLE WEST
City-St-Zip: SAINT PETERSBURG, FL 33712 US

Title: MGRM (X) Delete
Name: DELOACH, HERSCHEL E
Address: 2697 GRANADA CIRCLE W
City-St-Zip: SAINT PETERSBURG, FL 33712 US

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: SHIRLEY C DELOACH

VP

04/15/2009

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