

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000006976

**FILED**  
**Mar 19, 2008**  
**Secretary of State**

**Entity Name:** HOT SHOT TRUCKING, LLC

**Current Principal Place of Business:**

2171 NW 57 STREET  
MIAMI, FL 33142

**New Principal Place of Business:**

2171 NW 57 STREET  
MIAMI, FL 33142 US

**Current Mailing Address:**

2171 NW 57 STREET  
MIAMI, FL 33142

**New Mailing Address:**

2171 NW 57 STREET  
MIAMI, FL 33142 US

**FEI Number:** 20-8264229

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BROOKS, JOEY  
2171 NW 57 STREET  
MIAMI, FL 33142 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: BROOKS, JOEY  
Address: 2171 NW 57 STREET  
City-St-Zip: MIAMI, FL 33142

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: BROOKS, JOEY  
Address: 2171 NW 57 STREET  
City-St-Zip: MIAMI, FL 33142 US

Title: MGRM ( ) Change (X) Addition  
Name: JONES, LEVON  
Address: 750 NW 175 DR  
City-St-Zip: MIAMI, FL 33169 US

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:** JOEY BROOKS

MGRM

03/19/2008

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