

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

9/5/2008-90065-041-\$138.75-\$138.75

**FILED**

2008 SEP 24 PM 5:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



09192008 Chg-LLC CR2E083 (12/06)

4. FEI Number **16-0848471** Applied For ☐ Not Applicable ☐  
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

**DOCUMENT # L07000010215**  
1. Entity Name  
**B & H TRUCKING, LLC**



Principal Place of Business  
**2401 NORTH ARCHER ROAD  
AVON PARK, FL 33825**

Mailing Address  
**2401 NORTH ARCHER ROAD  
AVON PARK, FL 33825**

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

**6. Name and Address of Current Registered Agent**  
**HOLLOWAY, BOBBIE H  
2401 NORTH ARCHER ROAD  
AVON PARK, FL 33825**

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$538.75 Due by September 12, 2008</b>	<b>Make check payable to Florida Department of State</b>
--	--

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOLLOWAY, BOBBIE H 2401 NORTH ARCHER ROAD AVON PARK, FL 33825 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 608, Florida Statutes.

**SIGNATURE:** *Bobbie H. Holloway* *Bobbie H. Holloway* 9/24/08 863453-5757  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE. Date Daytime Phone #

*Amended copy*