2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Jun 19, 2008 8:00 am
Secretary of State

05-15-2008 90081 033 ***150.00

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DOCUMENT # L07000028182

1. Entity Name
C D HAULING, LLC

Principal Place of Business	Mailing Address
2404 AVE. A TERRACE NW WINTER HAVEN, FL 33880	2404 AVE. A TERRACE NW WINTER HAVEN, FL 33880

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

05142008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-8633357 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GILL, DEBRA J 2404 AVE. A TERRACE NW WINTER HAVEN, FL 33880	Name Christopher J. Gill Street Address (P.O. Box Number is Not Acceptable) 2404 Avenue A Terrace NW City Winter Haven FL Zip Code 33880

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 Christopher J. Gill 6-17-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75 Due by September 12, 2008	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GILL, CHRISTOPHER J 2404 AVE. A TERRACE NW WINTER HAVEN, FL 33880	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: Christopher J. Gill 6/17/08 863-412-6429
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #