

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Jun 25, 2008 8:00 am
Secretary of State

05-28-2008 90139 010 ***138.75

DOCUMENT # L07000060045			
1. Entity Name INTEGRITY TRUCKING SERVICE LLC			
Principal Place of Business 304 MAGNOLIA ST. ALTAMONTE SPRINGS FL 32701		Mailing Address 304 MAGNOLIA ST. ALTAMONTE SPRINGS FL 32701	
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
4. FEL Number 45-0563702		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent NELSON, LAVECHEE 304 MAGNOLIA ST. ALTAMONTE SPRINGS FL 32701		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 <i>Lavechee Nelson</i>		DATE 4/30/08	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR NELSON, SEVERNIA 304 MAGNOLIA ST. ALTAMONTE SPRINGS FL 32701 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 609, Florida Statutes.			
SIGNATURE: <i>Lavechee Nelson</i>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			



1st MOORE CR2E083 (10/07)