

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000110642

**FILED**  
**May 05, 2010**  
**Secretary of State**

**Entity Name:** HOWARD'S SWEEPING & TRUCKING, LLC

**Current Principal Place of Business:**

1202 MIMOSA AVE  
IMMOKALEE, FL 34142

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 2814  
IMMOKALEE, FL 34143

**New Mailing Address:**

**FEI Number:** 26-1142072      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

HOWARD, REGINALD  
1202 MIMOSA AVE  
IMMOKALEE, FL 34142      US

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

HOWARD, SHARON  
1202 MIMOSA AVE  
IMMOKALEE, FL 34142      US

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: SHARON HOWARD

05/05/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** HOWARD, REGINALD  
**Address:** PO BOX 2814  
**City-St-Zip:** IMMOKALEE, FL 34143

**Title:** MGRM  
**Name:** HOWARD, SHARON  
**Address:** PO BOX 2814  
**City-St-Zip:** IMMOKALEE, FL 34143

I hereby 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: SHARON HOWARD

MGRM

05/05/2010

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