2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State
05-05-2008 90034 044 ***138.75

DOCUMENT # L07000119944

1. Entity Name
TAT TRUCKING L.L.C.

Principal Place of Business	Mailing Address
702 GAZELLE WAY KISSIMMEE, FL 34759	702 GAZELLE WAY KISSIMMEE, FL 34759

600389.57

04302008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
314 Caen Ct	314 Caen Ct
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Kissimmee FL	City & State: Kissimmee FL
Zip: 34759 Country: 0	Zip: 34759 Country:

4. FEI Number ☐ Applied For ☑ Not Applicable

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

6. Name and Address of Current Registered Agent

BRUCE, TRACY G
702 GAZELLE WAY
KISSIMMEE, FL 34759

7. Name and Address of New Registered Agent

Name: Tracy Bruce
Street Address (P.O. Box Number is Not Acceptable): 314 Caen Ct
City: Kissimmee FL **FL** Zip Code: 34759

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: Tracy G Bruce — April 30, 2008
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
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 BRUCE, TRACY G 702 GAZELLE WAY KISSIMMEE, FL 34759	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Bruce Tracy G 314 Caen Ct Kissimmee FL 34759	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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 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: Tracy G Bruce — April 30, 2008 — 540-3779 0463
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #