

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000020824

FILED
Aug 31, 2009
Secretary of State

Entity Name: CARIBBEAN TRIANGLE HAULING, LLC

Current Principal Place of Business:

421 SOUTH PINE AVENUE
OCALA, FL 34471

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 1593
SILVER SPRINGS, FL 34489

New Mailing Address:

FEI Number: 26-2058267 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:

HICKS, DANIEL
421 SOUTH PINE AVENUE
OCALA, FL 34471 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BOUNDS, JAMES T
Address: 4430 SE FT. KING STREET
City-St-Zip: Ocala, FL 34471

Title: MGR () Delete
Name: GAEKWAD, DANNY
Address: 2100 SE 73RD LOOP
City-St-Zip: Ocala, FL 34480

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: JAMES T BOUNDS

MGR

08/31/2009

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