

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000076278

FILED  
Mar 12, 2009  
Secretary of State

Entity Name: ENCORE TRUCKING COMPANY, LLC

**Current Principal Place of Business:**

13913 SHIPWRECK CIR. S.  
JACKSONVILLE, FL 322241123 US

**New Principal Place of Business:**

**Current Mailing Address:**

13913 SHIPWRECK CIR. S.  
JACKSONVILLE, FL 322241123 US

**New Mailing Address:**

FEI Number: 59-3690278

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

AMERICAN SAFETY COUNCIL, INC.  
5125 ADANSON ST.  
SUITE 500  
ORLANDO, FL 32804 US

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

JAMES, A. KLINGER  
13913 SHIPWRECK CIR S  
JACKSONVILLE, FL 32224 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: JAMES A KLINGER

03/12/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: KLINGLER, JAMES A.  
Address: 13913 SHIPWRECK CIR. S.  
City-St-Zip: JACKSONVILLE, FL 322241123 US

Title: MGRM ( ) Delete  
Name: HEMMINGER, LOIS L.  
Address: 13913 SHIPWRECK CIR. S.  
City-St-Zip: JACKSONVILLE, FL 322241123 US

**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 A KLINGLER

PRES

03/12/2009

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