

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000085289

FILED
Sep 03, 2009
Secretary of State

Entity Name: H&S HEAVY HAULAGE R. HUECKELS, LLC

Current Principal Place of Business:

810 E. RED HOUSE BRANCH ROAD
ST. AUGUSTINE, FL 32084 US

New Principal Place of Business:

4778 US 1 NORTH
ST. AUGUSTINE, FL 32095 US

Current Mailing Address:

810 E. RED HOUSE BRANCH ROAD
ST. AUGUSTINE, FL 32084 US

New Mailing Address:

4778 US 1 NORTH
ST. AUGUSTINE, FL 32095 US

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **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:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

RAINER HUECKELS
4778 US 1 NORTH
ST. AUGUSTINE, FL 32095 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: RAINER HUECKELS

09/03/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HUECKELS LOEFFECK, RAINER
Address: 810 E. RED HOUSE BRANCH ROAD
City-St-Zip: ST. AUGUSTINE, FL 32084 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HUECKELS, RAINER
Address: 4778 US 1 NORTH
City-St-Zip: ST. AUGUSTINE, FL 32095 US

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: RAINER HUECKELS

MGR

09/03/2009

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