2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# L08000103018

Entity Name: ANOTHER LOAD LOGISTICS LLC

Current Principal Place of Business:

166 HICKS ROAD, SUITE 302
LAMONT, FL 32336

New Principal Place of Business:

Current Mailing Address:

PO BOX 164
MONTICELLO, FL 32345

New Mailing Address:

FEI Number: 80-0295312 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BROCKMAN, CASSANDRA
166 HICKS ROAD, SUITE 302
LAMONT, FL 32336 US

Name and Address of New Registered Agent:

BROCKMAN, CASSAUNDRA
166 HICKS ROAD, SUITE 302
LAMONT, FL 32336 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: CASSAUNDRA BROCKMAN 04/30/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	CUMMINGS, CLEVELAND	
Address:	55 REED STREET	
City-St-Zip:	QUINCY, FL 32357	
Title:	MGR	( ) Delete
Name:	PHILLIPS, MELANIE	
Address:	166 HICKS ROAD, SUITE 302	
City-St-Zip:	LAMONT, FL 32336	
Title:	MGR	( ) Delete
Name:	BROCKMAN, QUINTON	
Address:	166 HICKS ROAD, SUITE 302	
City-St-Zip:	LAMONT, FL 32336	
Title:	MGRM	( ) Delete
Name:	BROCKMAN, CASSAUNDRA	
Address:	166 HICKS ROAD, SUITE 302	
City-St-Zip:	LAMONT, FL 32336	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: CASSAUNDRA BROCKMAN MGRM 04/30/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date