

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000023738

**FILED**  
**Apr 24, 2011**  
**Secretary of State**

**Entity Name:** FL WEST COAST HAULING, LLC

**Current Principal Place of Business:**

7140 NE 192ND PLACE  
CITRA, FL 32113 US

**New Principal Place of Business:**

**Current Mailing Address:**

7140 NE 192ND PLACE  
CITRA, FL 32113 US

**New Mailing Address:**

**FEI Number:** 26-4401233

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

CORVISON, JENNIFER  
7140 NE 192ND PLACE  
CITRA, FL 32113 US

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

MICKLE, ANGELA M  
7140 NE 192ND PLACE  
CITRA, FL 32113 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: ANGELA M. MICKLE

04/24/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: MICKLE, ANGELA M  
Address: 7140 NE 192ND PLACE  
City-St-Zip: CITRA, FL 32113 US

I hereby 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: ANGELA M. MICKLE

MGRM

04/24/2011

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