

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000016850

Entity Name: CJ TRUCKING SERVICE, LLC

**FILED**  
**Apr 17, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

4195 CLEATWATER LANE  
JACKSONVILLE, FL 32223

**New Principal Place of Business:**

4195 CLEARWATER LANE  
JACKSONVILLE, FL 32223

**Current Mailing Address:**

P.O BOX 56037  
JACKSONVILLE, FL 32241

**New Mailing Address:**

4195 CLEARWATER LANE  
JACKSONVILLE, FL 32223

FEI Number: 27-4845358

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

HARPER, SHAUN C  
4195 CLEARWATER LANE  
JACKSONVILLE, FL 32223 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  
Name: HARPER, SHAUN C  
Address: 4195 CLEARWATER LANE  
City-St-Zip: JACKSONVILLE, FL 32223 US

Title: MGR  
Name: CAUSEY, CASEY J  
Address: 2871 BISHOP ESTATES RD  
City-St-Zip: ST. JOHNS, FL 32259

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: SHAUN C. HARPER

MGR

04/17/2012

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