

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000110571

**FILED**  
**Apr 23, 2012**  
**Secretary of State**

**Entity Name:** TRUCK CARE FLEET SERVICES, LLC

**Current Principal Place of Business:**

12361 40TH ST. NORTH  
CLEARWATER, FL 33762 US

**New Principal Place of Business:**

**Current Mailing Address:**

522 HUNT CLUB BLVD.  
#370  
APOPKA, FL 32703 US

**New Mailing Address:**

**FEI Number:** 45-3450348

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

EDWARDS, VELMA  
750 ERROL PKWY  
APOPKA, FL 32712 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: MGRM  
Name: EDWARDS, VELMA  
Address: 750 ERROL PKWY  
City-St-Zip: APOPKA, FL 32712 US

Title: MGRM  
Name: NEWTON, MICHELLE  
Address: 522 HUNT CLUB BLVD. #370  
City-St-Zip: APOPKA, FL 32703 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: MICHELLE NEWTON

MGRM

04/23/2012

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