

2nd and File on or before Sept. 29, 1999 or Limited Liability Company
FINAL NOTICE: will be dissolved.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILING FEE \$ 588.75 Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

FILED
99 AUG 12 PM 1:46
SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. Name and Mailing Address of Limited Liability Company **DOCUMENT # L97000000027**

TRUCKERS BUSINESS SERVICES, LC
2189 CLEVELAND ST.
SUITE 210
CLEARWATER FL 33765

1a. Principal Place of Business Address

2189 CLEVELAND ST.
SUITE 210
CLEARWATER FL 33765

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3. Date Organized or Qualified

01/07/1997

3a. State of Formation

FL

4. FEI Number

59-3417413

☐ Applied For

☐ Not Applicable

5. Date of Last Report

05/26/1998

6. Certificate of Status Desired

\$8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent/Office

MAYER, G.T.
2189 CLEVELAND ST.
SUITE 210
CLEARWATER FL 33765

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

Zip Code

FL

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

DATE

10. Title

Managing Members/Managers

Business Street Address

City, State and Zip Code

MGR

MAYER, G.T.

2189 CLEVELAND ST., SUITE

CLEARWATER FL

000002961740--4
-08/17/99--01032--003
*****38.75 *****38.75

\$150.00 dep
by AP1

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #