

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 04, 2004 08:00 AM
Secretary of State

DOCUMENT # M00000000136

1. Entity Name

SUTTLES TRUCK LEASING, L.L.C.



Principal Place of Business

2460 HWY #43 SOUTH
DEMOPOLIS, AL 36732

Mailing Address

2460 HWY #43 SOUTH
DEMOPOLIS, AL 36732



02022004 No Chg-LLC

CR2E083 (10/03)

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4. FBI Number

22-3683780

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HENDRIX, CLIFF
1827 TRANSMITTER ROAD
PANAMA CITY, FL 32404

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

U000000076334
03/04/04-80024-003 50.00

9. MANAGING MEMBERS/MANAGERS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM DANA, RONALD B 210 ESSEX AVE E AVENEL, NJ 07001 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM DANA LEASING SYSTEM INC 210 ESSEX AVE E AVENEL, NJ 07001 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this 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 605, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #