

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 25, 2003 8:00 am**  
**Secretary of State**

02-25-2003 90083 030 \*\*\*\*50.00

**DOCUMENT # M01000000033**

1. Entity Name  
**MOONSHADOW TRUCKING LLC**



Principal Place of Business

**3542 N.W. 21ST CIRCLE  
JENNINGS FL 32053**

Mailing Address

**3542 N.W. 21ST CIRCLE  
JENNINGS FL 32053**

2. Principal Place of Business

**3592 N.W. 21st Circle**

3. Mailing Address

**3592 N.W. 21st Circle**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Jennings FL**

City & State

**Jennings FL**

Zip

**32053**

Country

**Hamilton**

Zip

**32053**

Country

**Hamilton**



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3684236**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**RUNNALLS, RODMAN  
3542 NW 21ST CIRCLE  
JENNINGS FL 32053**

7. Name and Address of New Registered Agent

Name **Rodman Runnalls**  
Street Address (P.O. Box Number is Not Acceptable)  
**3592 N.W. 21st Circle**  
City **Jennings** FL Zip Code **32053**

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.

**Rodman Runnalls**

(NOTE: Registered Agent signature required when reinstating)

**1-27-03**

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS / MANAGERS

TITLE **MGRM** ☐ Delete  
NAME **RUNNALLS, RODMAN**  
STREET ADDRESS **3542 NW 21ST CIRCLE**  
CITY-ST-ZIP **JENNINGS FL**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE **Mgrm** ☒ Change ☐ Addition  
NAME **Rodman Runnalls**  
STREET ADDRESS **3592 N.W. 21st Circle**  
CITY-ST-ZIP **Jennings, FL 32053**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 608, Florida Statutes.

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

**1-27-03**

**386-938-3185**

Date

Daytime Phone #

CR2E083 (10/02)