

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 07, 2002 8:00 am
Secretary of State

08-07-2002 90171 030 ****50.00

DOCUMENT # M01000000507

1. Entity Name

BLACK CLOUD TRUCKING, LLC

Principal Place of Business

**3592 N.W. 21 CIRCLE
 JENNINGS FL 32053**

Mailing Address

**3592 N.W. 21 CIRCLE
 JENNINGS FL 32053**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3697507**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BOWEN, WENDY
 3372 N.W. 27TH LANE
 JENNINGS FL 32053**

Name

Wendy Bowen

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

Wendy Bowen Wendy Bowen

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7/31/02

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**MGRM
 BOWEN, WENDY
 3372 N.W. 27TH LANE
 JENNINGS FL 32053** ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

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 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

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:

Wendy Bowen RE Wendy Bowen

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

Date

Daytime Phone #

7/31/02 386-938-2272

CR2E083 (4/02)