

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000000827

FILED
Jan 11, 2007
Secretary of State

Entity Name: R & L CARRIERS SHARED SERVICES, L.L.C.

Current Principal Place of Business:

1000 NW 209TH AVENUE
PEMBROKE PINES, FL 33029

New Principal Place of Business:

Current Mailing Address:

600 GILLAM ROAD
WILMINGTON, OH 45177

New Mailing Address:

FEI Number: 20-0451193

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: MGR () Delete
Name: ROBERTS, RALPH L I
Address: 600 GILLAM ROAD
City-St-Zip: WILMINGTON, OH 45177

Title: MGR () Delete
Name: ROBERTS, RALPH L II
Address: 600 GILLAM ROAD
City-St-Zip: WILMINGTON, OH 45177

Title: MGR () Delete
Name: ROBERTS, ROBY L
Address: 600 GILLAM ROAD
City-St-Zip: WILMINGTON, OH 45177

Title: MGR () Delete
Name: DELUCA, DONALD R
Address: 600 GILLAM ROAD
City-St-Zip: WILMINGTON, OH 45177

Title: MGR () Delete
Name: CAVELLIER, THOMAS E
Address: 600 GILLAM ROAD
City-St-Zip: WILMINGTON, OH 45177

Title: MGR () Delete
Name: WADE, JEFFREY C
Address: 600 GILLAM ROAD
City-St-Zip: WILMINGTON, OH 45177

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: SHROYER, MICHAEL L
Address: 600 GILLAM ROAD
City-St-Zip: WILMINGTON, OH 45177

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: JEFFREY C. WADE

MGR

01/11/2007

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