2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2009
Secretary of State

DOCUMENT# M04000000827

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:	SHROYER, MICHAEL L	
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:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify 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 04/17/2009

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