

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 18, 2005 08:00 AM
Secretary of State

DOCUMENT # M04000005525 1. Entity Name FANTASTIC FREIGHT SERVICE LLC	
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Principal Place of Business 1321 TERRACE ROAD CLEARWATER, FL 33755	Mailing Address 1321 TERRACE ROAD CLEARWATER, FL 33755
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07062005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1518247	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent PENO, LINDA 1321 TERRACE ROAD CLEARWATER, FL 33755	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by September 7, 2005**

1100000373238
07/18/05-80006-016 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PENO, MICHAEL J 1321 TERRACE ROAD CLEARWATER, FL 33755
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PENO, LINDA M 1321 TERRACE ROAD CLEARWATER, FL 33755
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
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 608, Florida Statutes.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date _____ Daytime Phone # _____