

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000001946

Entity Name: AMERI TRUCK SALES, LLC

FILED
Jul 11, 2007
Secretary of State

Current Principal Place of Business:

9020 ULMERTON RD
LARGO, FL 33771

New Principal Place of Business:

Current Mailing Address:

9020 ULMERTON RD
LARGO, FL 33771

New Mailing Address:

FEI Number: 20-2255128 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MAYES, DANIEL
436 ANDREWS DR
BELLEAIR, FL 337561795 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: MGRM () Delete
Name: MAYES, DAN
Address: 436 ST ANDREWS DR
City-St-Zip: BELLEAIR, FL 33756

Title: MGRM () Delete
Name: MAYES, JOHN
Address: 1216 S. MISSOURI AVE. UNIT #208
City-St-Zip: CLEARWATER, FL 33756

Title: MGRM () Delete
Name: MAYES, NANCY
Address: 436 ST ANDREWS DR
City-St-Zip: BELLEAIR, FL 33756

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:

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: NANCY MAYES

MGRM

07/11/2007

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