

**FOR PROFIT CORPORATION  
ANNUAL REPORT**


05-29-2008 90194 050 \*\*\*150.00

**FILED**

08 JUL -7 AM 11:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E034B (5/07)

DOCUMENT # P00000088489 1. Entity Name LLMM TRUCKING CO.	
--	---

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business - No P.O. Box # 1010 NW 6 <sup>th</sup> AVE Suite, Apt. #, etc.	3. Mailing Address 1010 NW 6 <sup>th</sup> Ave Suite, Apt. #, etc.
City & State POMPANO Bch. FL Zip 33060	City & State Pompom Bch, FL Zip 33060

4. FEI Number 65-1041687	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name Henrietta Harris	
Street Address (P.O. Box Number is Not Acceptable) 1010 NW 6 <sup>th</sup> Ave.	
City Pompom Bch	FL Zip Code 33060

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 Henrietta Harris DATE 4-29-08  
Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended AR is \$61.25  
Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HENRIETTA HARRIS 1010 NW 6 <sup>th</sup> AVE POMPANO Bch., FL 33060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered

SIGNATURE: Henrietta Harris Henrietta Harris DATE 4-29-08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR