LARE DUILER	, FL 32054			
Current Mai	iling Address:			
PO BOX 506 LAKE BUTL	6 ER, FL 32054 US			
FEI Number: 59-2012564			Certificate of Status Desired: No	
Name and A	Address of Current Registered A	gent:		
WALL, CARITA 9678 SW SR 12 LAKE BUTLER				
The above name	d entity submits this statement for the purpose o	f changing its registered office or regis	tered agent, or both, in the State of I	Florida.
	d entity submits this statement for the purpose o E: _CARITA WALL	f changing its registered office or regis	tered agent, or both, in the State of i	Florida. 04/20/2023
			tered agent, or both, in the State of I	
SIGNATURE	E: CARITA WALL		tered agent, or both, in the State of I	04/20/2023
SIGNATURE	E: CARITA WALL Electronic Signature of Registered Age		tered agent, or both, in the State of I	04/20/2023
SIGNATURE Authorized	E: CARITA WALL Electronic Signature of Registered Age	ent		04/20/2023
SIGNATURE Authorized	E: CARITA WALL Electronic Signature of Registered Age Person(s) Detail : MGR	ent Title	MGR	04/20/2023
SIGNATURE Authorized Title Name Address	E: CARITA WALL Electronic Signature of Registered Age Person(s) Detail : MGR SHADD, JOHN L	ent Title Name Address	MGR DRIGGERS, CASSANDRA	04/20/2023
SIGNATURE Authorized Title Name Address	E: CARITA WALL Electronic Signature of Registered Age Person(s) Detail : MGR SHADD, JOHN L PO BOX 506	ent Title Name Address	MGR DRIGGERS, CASSANDRA PO BOX 626	04/20/2023
SIGNATURE Authorized Title Name Address City-State-Zip:	E: CARITA WALL Electronic Signature of Registered Age Person(s) Detail : MGR SHADD, JOHN L PO BOX 506 LAKE BUTLER FL 32054	Title Name Address City-State-Zip:	MGR DRIGGERS, CASSANDRA PO BOX 626 LAKE BUTLER FL 32054	04/20/2023
SIGNATURE Authorized Title Name Address City-State-Zip: Title	E: CARITA WALL Electronic Signature of Registered Age Person(s) Detail : MGR SHADD, JOHN L PO BOX 506 LAKE BUTLER FL 32054 MGR	ent Title Name Address City-State-Zip: Title	MGR DRIGGERS, CASSANDRA PO BOX 626 LAKE BUTLER FL 32054 MANAGER	04/20/2023

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CARITA SHADD WALL

MANAGER

04/20/2023

Electronic Signature of Signing Authorized Person(s) Detail

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000142125

Entity Name: JOHN L. SHADD TRUCKING, LLC.

## **Current Principal Place of Business:**

9678 SW SR 121 LAKE BUTLER, FL 32054 FILED Apr 20, 2023 Secretary of State 4540406042CC