

2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M16000008501

Entity Name: POLAR TANK TRAILER, LLC

Current Principal Place of Business:

1145 CONGRESS PKWY N
ATHENS, TN 37303

Current Mailing Address:

1145 CONGRESS PKWY N
ATHENS, TN 37303 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

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

Authorized Person(s) Detail :

Title SECRETARY
Name WALKER, BRAD
Address 1145 CONGRESS PKWY N
City-State-Zip: ATHENS TN 37303

Title TREASURER/CFO
Name WALKER, BRAD
Address 1145 CONGRESS PKWY N
City-State-Zip: ATHENS TN 37303

Title MANAGER
Name WALKER, BRAD
Address 1145 CONGRESS PKWY N
City-State-Zip: ATHENS TN 37303

Title ASSISTANT SECRETARY
Name KIMREY, CLAY
Address 1145 CONGRESS PKWY N
City-State-Zip: ATHENS TN 37303

Title MANAGER
Name EDME, STANLEY
Address 1145 CONGRESS PKWY N
City-State-Zip: ATHENS TN 37303

Title VP
Name EDME, STANLEY
Address 1145 CONGRESS PKWY N
City-State-Zip: ATHENS TN 37303

Title MANAGER
Name KIMREY, CLAY
Address 1145 CONGRESS PKWY N
City-State-Zip: ATHENS TN 37303

Title PRESIDENT/CEO
Name CHAPPLE, DOUG
Address 1145 CONGRESS PKWY N
City-State-Zip: ATHENS TN 37303

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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: DOUG CHAPPLE

MANAGER

05/28/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title MANAGER

Name CHAPPLE, DOUG

Address 1145 CONGRESS PKWY N

City-State-Zip: ATHENS TN 37303