

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000066528

**FILED**  
**Apr 17, 2011**  
**Secretary of State**

**Entity Name:** KASPER AUTO TRANSPORT, LLC

**Current Principal Place of Business:**

1057 SW ABINGDON AVENUE  
PORT ST LUCIE, FL 34953 US

**New Principal Place of Business:**

624 SW PUEBLO TERRACE  
PORT ST LUCIE, FL 34953 US

**Current Mailing Address:**

1057 SW ABINGDON AVENUE  
PORT ST LUCIE, FL 34953 US

**New Mailing Address:**

624 SW PUEBLO TERRACE  
PORT ST LUCIE, FL 34953 US

**FEI Number:** 27-2334442

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KASPERKIEWICZ, JANUSZ  
1057 SW ABINGDON AVENUE  
PORT ST LUCIE, FL 34953 US

**Name and Address of New Registered Agent:**

KASPERKIEWICZ, JANUSZ  
624 SW PUEBLO TERRACE  
PORT ST LUCIE, FL 34953 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:** JANUSZ KASPERKIEWICZ

04/17/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** KASPERKIEWICZ, JANUSZ  
**Address:** 624 SW PUEBLO TERRACE  
**City-St-Zip:** PORT ST LUCIE, FL 34953 US

**Title:** MGRM  
**Name:** KOWALEC, BOGUMILA  
**Address:** 624 SW PUEBLO TERRACE  
**City-St-Zip:** PORT ST LUCIE, FL 34953 US

I hereby 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:** JANUSZ KASPERKIEWICZ

MGRM

04/17/2011

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