

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000008627

**Entity Name:** TIFFANY TRANSPORTATION SERVICES, L.C.

**FILED**  
**Apr 29, 2014**  
**Secretary of State**  
**CC0408108748**

**Current Principal Place of Business:**

2199 PONCE DE LEON BLVD  
SUITE 301  
MIAMI, FL 33134

**Current Mailing Address:**

2199 PONCE DE LEON BLVD  
SUITE 301  
MIAMI, FL 33134

**FEI Number: 65-1107182**

**Certificate of Status Desired: No**

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

STEWART AGENT SERVICE  
2199 PONCE DE LEON BLVD  
SUITE 301  
MIAMI, FL 33134 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            MGR  
Name            AVERSA, JOSEPH  
Address        5900 N.W. 97 AVE SUITE 6  
City-State-Zip: MIAMI FL 33178

Title            MGRM  
Name            AVERSA, LINDA  
Address        5900 N.W. 97 AVE SUITE 6  
City-State-Zip: MIAMI FL 33178

*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: JOSEPH AVERSA**

**MGR**

**04/29/2014**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date