

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000027268

**Entity Name:** MEBANE FLEET AUTO TRANSPORT LLC

**Current Principal Place of Business:**

16313 MAGNOLIA GROVE WAY  
JACKSONVILLE, FL 32218

**Current Mailing Address:**

P.O BOX 28392  
JACKSONVILLE, FL 32226 US

**FEI Number:** 45-4637596

**Certificate of Status Desired:** No

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

MEBANE, LYMUEL M  
16313 MAGNOLIA GROVE WAY  
JACKSONVILLE, FL 32218 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 MEBANE, LYMUEL N  
Address 16313 MAGNOLIA GROVE WAY  
City-State-Zip: JACKSONVILLE FL 32218

Title MGR  
Name MEBANE, TAMEERAH M  
Address 16313 MAGNOLIA GROVE WAY  
City-State-Zip: JACKSONVILLE FL 32218

*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:** LYMUEL MEBANE

**OWNER**

**04/30/2019**

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

\_\_\_\_\_  
Date