

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000083470

**Entity Name:** TRUSTED TRANSPORTATION, LLC

**Current Principal Place of Business:**

1585 SUMMIT LAKE DR.  
SUITE 100  
TALLAHASSEE, FL 32317

**Current Mailing Address:**

P.O. BOX 13407  
TALLAHASSEE, FL 32317 US

**FEI Number:** 90-0864214

**Certificate of Status Desired:** No

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

WIENER, WENDY RESQ.  
215 SOUTH MONROE STREET  
SUITE 400  
TALLAHASSEE, FL 32301 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 FUNERAL SERVICES, INC.  
Address 1585 SUMMIT LAKE DRIVE  
SUITE 100  
City-State-Zip: TALLAHASSEE FL 32317

*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:** WILLIAM H. WILLIAMS, JR.

**PRESIDENT**

**01/25/2016**

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

\_\_\_\_\_  
Date