

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000204858

**Entity Name:** MJNN TRANSPORT LLC

**Current Principal Place of Business:**

1434 MADISON IVY CIRCLE  
APOPKA, FL 32712

**Current Mailing Address:**

1434 MADISON IVY CIRCLE  
APOPKA, FL 32712

**FEI Number: 81-4342384**

**Certificate of Status Desired: No**

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

FLORIDA TAX PROFESSIONALS LLC  
70 S SEMORAN BLVD  
ORLANDO, FL 32807 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            AMBR  
Name            HOSPEDALES, JEROME  
Address        1434 MADISON IVY CIRCLE  
City-State-Zip: APOPKA FL 32712

*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: JEROME HOSPEDALES**

**OWNER**

**04/04/2018**

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

\_\_\_\_\_ Date