

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M08000005593

**Entity Name:** MTM TRANSIT, LLC

**Current Principal Place of Business:**

16 HAWK RIDGE CIRCLE  
LAKE ST. LOUIS, MO 63367

**Current Mailing Address:**

16 HAWK RIDGE CIRCLE  
LAKE ST. LOUIS, MO 63367 US

**FEI Number:** 26-3937729

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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           MANAGER  
Name           MACIA, ALAINA  
Address        16 HAWK RIDGE CIRCLE  
City-State-Zip: LAKE ST. LOUIS MO 63367

Title           MANAGER  
Name           MEDICAL TRANSPORTATION  
                  MANAGEMENT, INC.  
Address        16 HAWK RIDGE CIRCLE  
City-State-Zip: LAKE ST. LOUIS MO 63367

*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:** ALAINA MACIA

**MANAGER**

**04/04/2024**

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

\_\_\_\_\_  
Date