## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## Apr 02, 2008 08:00 AN Secretary of State **DOCUMENT # L00000002722** 1. Entity Name TEAMTRANSPORTATION, L.L.C. Principal Place of Business Mailing Address 1714 FRANKFORD AVE. PO BOX 16087 PANAMA CITY, FL 32405 PANAMA CITY, FL 32406-6087 US 01072008 No Chg-LLC CR2E083 (12/07) Applied For 4. FEI Number 59-3680907 \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent BENNETT, DERRICK DO NOT WRITE 112 E. THIRD COURT PANAMA CITY, FL 32401 IN THIS SPACE 8. 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. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$138.76 After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS MGRM TITLE MAGEE, TERRELL NAME STREET ADDRESS 3312 STATE AVENUE PANAMA CITY, FL 32405 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE: TERLEUL M46EE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

1/16/08

850-763 -5435

**FILED** 

Daytime Phone #