

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90216 023 ****50.00

DOCUMENT # L00000007655

1. Entity Name

MIKE'S TRANSPORT, L.L.C.

Principal Place of Business

**34440 DONNA VISTA PLACE
 EUSTIS FL 32736**

Mailing Address

**34440 DONNA VISTA PLACE
 EUSTIS FL 32736**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3656644

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SPIEGEL & UTRERA, P.A.
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134**

Name

JAMES M. RILEY

Street Address (P.O. Box Number is Not Acceptable)

34440 DONNA VISTA PLACE

City

EUSTIS

FL

Zip Code

32736

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.

SIGNATURE *James M. Riley*
 Signature, typed or printed name of registered agent and title if applicable.

JAMES M. RILEY, MGR

4-30-02

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
 NAME **RILEY, JAMES M**
 STREET ADDRESS **34440 DONNA VISTA PLACE**
 CITY-ST-ZIP **EUSTIS FL 32736**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *James M. Riley*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

352-4-30-02 483-5538
 Date Daytime Phone #

0027655

CR2E083 (9/01)

966328



DO NOT WRITE IN THIS SPACE