

2002 UNIFORM BUSINESS REPORT (UBR)

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FILED
Mar 14, 2002 8:00 am
Secretary of State

01-16-2002 90094 003 ****50.00

DOCUMENT # L01000003858

1. Entity Name
L.G.D. TRANSPORTATION, L.L.C.

Principal Place of Business 22616 WILLOW LAKES DRIVE LUTZ FL 33549	Mailing Address 22616 WILLOW LAKES DRIVE LUTZ FL 33549
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72517



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59 372 4313		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
City & State		City & State		Zip		Country	

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
MCGINNESS, W. LEE 1800 SECOND STREET, SUITE 971 SARASOTA FL 34238				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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 _____ (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	<input type="checkbox"/> Delete		TITLE	MGR	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Lauren G Dodson			NAME	Lauren G Dodson		
STREET ADDRESS	22616 Willow Lakes Dr			STREET ADDRESS	22616 Willow Lakes Dr		
CITY-ST-ZIP	Lutz FL 33549			CITY-ST-ZIP	Lutz FL 33549		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: *Lauren G Dodson* **SIGNATURE REQUIRED** 1-13-02 (813) 505-3880

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)