

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

8/5/2003-90030-001-\$150.00-\$50.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 SEP 29 PM 2:10

10/06

DOCUMENT

1. Entity Name

L01000008520

US TRANS LLC

1220 NORTH MARKET STREET, SUITE 606, WILMINGTON, DE 198

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

333 N. DUVAL ST.

1333 N. DUVAL ST.

City & State

City & State

TALLAHASSEE,

TALLAHASSEE,

Zip

FL 32303

Country

Zip

FL 32303

Country

4. FEI Number

Not applicable

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

7. Name and Address of Current Registered Agent

Name FLORIDA FILING & SEARCH SERVICES, INC.

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

1333 N. DUVAL ST.,

City

TALLAHASSEE

FL

Zip Code
FL 32303

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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.

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable.

DATE

FEE IS \$50.00

Make Check Payable to Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

Member
STAR GROUP FINANCE & HOLDINGS, INC.
STE 302, E BLDG NO34/20, CUBA AVE & 34TH ST.
PANAMA CITY 5, PANAMA

TITLE
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CITY- ST- ZIP

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(d), 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 file this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

STAN GORIN

04.11.2003

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT, MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

