2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 20, 2007 08:00 AM
Secretary of State

DOCUMENT # L02000009533

1. Entity Name
DISCOUNT TRANSPORT SERVICE LLC

Principal Place of Business	Mailing Address
21345 SW 244TH ST. HOMESTEAD, FL 33031	21345 SW 244TH ST. HOMESTEAD, FL 33031

DO NOT WRITE IN THIS SPACE

08162007No Chg-LLC CR2E083 (11/05)

4. FEI Number
04-3655824
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

PUIG, EDUARDO E
21345 SW 244 ST
HOMESTEAD, FL 33031

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when changing)

Filing Fee is $50.00
Due by September 14, 2007

U00000772432
08/20/07-80003-012 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	PUIG, EDUARDO E
STREET ADDRESS	21345 SW 244TH ST.
CITY-ST-ZIP	HOMESTEAD, FL 33031
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing 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: Eduardo E Puig EDUARDO E. PUIG 8-15-07 305-245-3518
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #