

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000014258

FILED
Apr 13, 2009
Secretary of State

Entity Name: TURNPIKE TRANSFER, LLC

Current Principal Place of Business:

16990 NW 97TH AVE.
HIALEAH, FL 33018

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 5645
HIALEAH, FL 33014

New Mailing Address:

FEI Number: 01-0729103

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COHEN, JEFFREY R ESQ.
297 SUNNY ISLES BLVD.
SUNNY ISLES BEACH, FL 33160 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LUER, ALBERT E
Address: P.O. BOX 5645
City-St-Zip: HIALEAH, FL 33014

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LUER, ALBERT E
Address: P.O. BOX 5645
City-St-Zip: HIALEAH, FL 33014

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ALBERT E. LUER

MGRM

04/13/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date