

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 04, 2008 8:00 am**  
**Secretary of State**

02-04-2008 90137 022 \*\*\*138.75

DOCUMENT # L02000016186

1. Entity Name  
TLT TRANSPORT, L.L.C.



Principal Place of Business  
4097 SHERIDAN DRIVE  
PACE, FL 32571

Mailing Address  
4097 SHERIDAN DRIVE  
PACE, FL 32571

**DO NOT WRITE IN THIS SPACE**



01302008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number  
61-1420096

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

PERSICHINI, DOMINIC  
4097 SHERIDAN DRIVE  
PACE, FL 32571

**DO NOT WRITE  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PERSICHINI, DOMINIC 4097 SHERIDAN DRIVE PACE, FL 32571
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PERSICHINI, KATHALEEN 4097 SHERIDAN DRIVE PACE, FL 32571
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: \_\_\_\_\_

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

X 1-31-08 850-995-9300

Date

Daytime Phone #