## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## Secretary of State **DOCUMENT # L02000023204** 04-19-2005 90028 015 \*\*\*\*50.00 SUNSTATE TRANSPORTATION L.L.C. Principal Place of Business Mailing Address RT17 BOX 2027 PO BOX 1925 LAKE CITY, FL 32056 LAKE CITY, FL 32055 US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02172005 Chg-LLC CR2E083 (10/03) Applied For 4. FEI Number City & State City & State 32-0029582 Not Applicable Zin Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BUCHNER, RONALD T RT17 BOX 2027 635 NW RODEO CT LAKE CITY, FL 32055 Street Address (P.O. Box Number is Not Acceptable) Zip Code City 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) Make check payable to to filling Fee Is \$50.00 ... Carrier Florida Department of State Due by May 1, 2005 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES ----**MGRM** ☐ Change ☐ Addition TITLE ☐ Delete TITS E **BUCHNER, RONALD T** NAME NAME PO BOX 1925 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKE CITY, FL 32056 CITY-ST-7IP TITLE MGRM Oelete TITLE ☐ Change ☐ Addition NAME BUCHNER, BRIAN D STREET ADORESS STREET ADDRESS PO BOX 1925 CITY-ST-ZIP CITY-ST-ZP LAKE CITY, FL 32056 TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-7IP CITY-ST-7/P ☐ Delete TITLE ■ Addition TITLE NAME MALAF STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition TITLE ☐ Detete TITLE NAME MALIF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 11. Thereby 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. graph of being to Charles ay SIGNATURE:

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

**FILED** 

Date

Daytime Phone #

Apr 19, 2005 8:00 am