

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 19, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000023204**

**1. Entity Name**  
**SUNSTATE TRANSPORTATION L.L.C.**



**Principal Place of Business**  
1812 NW MAIN BLVD  
LAKE CITY, FL 32055 US

**Mailing Address**  
PO BOX 1925  
LAKE CITY, FL 32056 US



01022007No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
32-0029582

**Applied For**  
Not Applicable

**5. Certificate of Status Desired** ☐

**\$5.00 Additional  
Fee Required**

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

BUCHNER, RONALD T  
635 NW RODEO CT  
LAKE CITY, FL 32055

**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**

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

<b>TITLE</b>	MGRM
<b>NAME</b>	BUCHNER, RONALD T
<b>STREET ADDRESS</b>	PO BOX 1925
<b>CITY-ST-ZIP</b>	LAKE CITY, FL 32056
<b>TITLE</b>	MGRM
<b>NAME</b>	BUCHNER, TANYA
<b>STREET ADDRESS</b>	5099 NW LASSIC BLACK ST
<b>CITY-ST-ZIP</b>	WHITE SPRINGS, FL 32096
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

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05/01/07-80019-019 50.00

**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:**

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

Ronald T. Buchner - 6-07

Date

888-752-9754

Daytime Phone #