

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 14, 2003 8:00 am
Secretary of State

01-14-2003 90039 019 ****50.00

DOCUMENT # L02000027923

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



Principal Place of Business

**3513 INDIAN TRAIL
EUSTIS FL 32726**

Mailing Address

**PO BOX 350070
GRAND ISLAND FL 32735**

2. Principal Place of Business

3513 Indian Trail

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 350070

Suite, Apt. #, etc.

City & State

EUSTIS FL

City & State

GRAND ISLAND FL

Zip

32726

Country

LAKE

Zip

32735

Country

LAKE

4. FEI Number

35-2186669

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**AMOS, RONALD L
3513 INDIAN TRAIL
EUSTIS FL 32726**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
AMOS, RONALD L
3513 INDIAN TRAIL
EUSTIS FL 32726** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby 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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Ronald L Amos

1-9-03

352-589-0406

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

Date

Daytime Phone #

CR2E083 (10/02)