

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000033386

1. Entity Name
THE TRANSPORTATION COMPANY, LLC



Principal Place of Business
**20 SOUTH 5TH STREET
FERNANDINA BEACH, FL 32034**

Mailing Address
**20 SOUTH 5TH STREET
FERNANDINA BEACH, FL 32034**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 OCT 21 AM 11:39



08022008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

11-3662084

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DAVIS, CLYDE W
20 SOUTH FIFTH STREET
FERNANDINA BEACH, FL 32034**

Name

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

960185 Gateway Blvd Ste 104

City

Fernandina Beach FL

Zip Code

32034

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
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
DAVIS, JOHN L
ONE SOUTH THIRD STREET
FERNANDINA BEACH, FL 32034** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**900136981229
10/16/08--01037--007 **138.75** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
STERN, WADE
7582 FM 1753
DENNISON, TX 75021** ☐ Delete

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

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☐ Change ☐ Addition

REINSTATEMENT 2008

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 606, Florida Statutes.

SIGNATURE:

John L Davis

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

Date

Daytime Phone #