

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jun 06, 2005 8:00 am**  
**Secretary of State**

06-06-2005 90559 002 \*\*\*\*50.00

**DOCUMENT # L03000000699**

**1. Entity Name**  
**PUNTA GORDA TRANSPORT, LLC**



**Principal Place of Business**  
28000 A-23 AIRPORT RD.  
BLDG 110  
PUNTA GORDA, FL 33982 US

**Mailing Address**  
28000 A-23 AIRPORT RD.  
BLDG 110  
PUNTA GORDA, FL 33982 US

**20059848**



05092005 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
**47-0903526**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐

**\$5.00 Additional  
Fee Required**

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

**BANNER, MICHAEL**  
4244 W. TENNESSEE ST.  
#185  
TALLAHASSEE, FL 32304

**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 September 7, 2005**

**9. MANAGING MEMBERS/MANAGERS**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
MGR  
O'TOOLE, KATHLEEN M  
28000 A-23 AIRPORT RD. BLDG 110  
PUNTA GORDA, FL 33982

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**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 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:**

*Kathleen M. Toole*

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

**Date**

**Daytime Phone #**