

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000001952

FILED  
Apr 09, 2009  
Secretary of State

Entity Name: VERGE TRANSPORTATION USA, LLC

**Current Principal Place of Business:**

411 43RD STREET EAST  
PALMETTO, FL 34221 US

**New Principal Place of Business:**

**Current Mailing Address:**

411 43RD STREET EAST  
PALMETTO, FL 34221 US

**New Mailing Address:**

13235 US HWY 301, SUITE D  
PALMETTO, FL 34221 US

FEI Number: 54-2091321

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MORRELL, KEITH B MGRM  
411 43RD STREET EAST  
PALMETTO, FL 34221 US

**Name and Address of New Registered Agent:**

KEARNEY, DANIEL  
13235 US HWY 301, SUITE D  
PALMETTO, FL 34221 US

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.

SIGNATURE: ALLEN MORRELL

04/09/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MORRELL, KEITH B  
Address: 411 43RD STREET EAST  
City-St-Zip: PALMETTO, FL 34221

Title: MGRM ( ) Delete  
Name: MORRELL, ALLEN J  
Address: 411 43RD STREET EAST  
City-St-Zip: PALMETTO, FL 34221

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ALLEN J MORRELL

MGRM

04/09/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date