

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000008112

Entity Name: CLA TRANSPORT L.L.C.

FILED  
Mar 23, 2009  
Secretary of State

**Current Principal Place of Business:**

1534 S.W. 53RD LANE  
CAPE CORAL, FL 33914

**New Principal Place of Business:**

5805 CHIQUITA BLVD SOUTH  
CAPE CORAL, FL 33914

**Current Mailing Address:**

PO BOX 2506  
FORT MYERS, FL 33902

**New Mailing Address:**

FEI Number: 51-0498956

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ADAMSON, CHESTER  
1534 S.W. 53RD LANE  
CAPE CORAL, FL 33914 US

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

ADAMSON, CHESTER  
5805 CHIQUITA BLVD SOUTH  
CAPE CORAL, FL 33914 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: CHESTER ADAMSON

03/23/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: ADAMSON, CHESTER  
Address: 1534 S.W. 53RD LANE  
City-St-Zip: FORT MYERS, FL 33914

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: ADAMSON, CHESTER  
Address: 5805 CHIQUITA BLVD SOUTH  
City-St-Zip: FORT MYERS, FL 33914

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: CHESTER ADAMSON

MGR

03/23/2009

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