

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000008112

Entity Name: CLA TRANSPORT L.L.C.

**FILED**  
**Mar 09, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

5805 CHIQUITA BLVD SOUTH  
CAPE CORAL, FL 33914

**New Principal Place of Business:**

**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 (X)

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

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

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

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

I hereby 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

PRES

03/09/2010

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