

# 2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L03000023156

1. Entity Name  
AFD TRANSPORTATION, LLC



FILED

2007 APR -5 AM 9:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
250 JASMINE ROAD  
CASSELBERRY, FL 32718 US

Mailing Address  
250 JASMINE ROAD  
CASSELBERRY, FL 32718 US

2. Principal Place of Business - No P.O. Box #  
291 IRIS ROAD  
Suite, Apt. #, etc.

3. Mailing Address  
P.O. BOX 180425  
Suite, Apt. #, etc.

03192007 Chg-LLC CR2E083 (12/06)

City & State  
CASSELBERRY, FL  
Zip 32707 Country USA

City & State  
CASSELBERRY, FL  
Zip 32718 Country USA

4. FEI Number  
57-1175617  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

## 6. Name and Address of Current Registered Agent

COLD, KATHLEEN H  
ONE INDEPENDENT DRIVE  
SUITE 2301  
JACKSONVILLE, FL 32202

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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

*[Signature]*

Amended AR is \$50.00

Make check payable to  
Florida Department of State

## 9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
AIR FLOW DESIGNS, INC.  
250 JASMINE ROAD  
CASSELBERRY, FL 32718 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

## 10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
TERESA CADENA  
291 IRIS ROAD  
CASSELBERRY, FL 32707 ☒ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
700096512857  
04/11/07--01043--009 \*\*\$50.00

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

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

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

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

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 608, Florida Statutes.

SIGNATURE:

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

3/27/07 407-831-3600

Date

Daytime Phone #