

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Apr 07, 2005 08:00 AM
Secretary of State**

DOCUMENT # L03000032264

1. Entity Name
ORLANDO BUS SALES, LLC



Principal Place of Business
3485 BOGGY CREEK ROAD
KISSIMMEE, FL 34744 US

Mailing Address
539 N MILLS AVE
ORLANDO, FL 32803 US



03122005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0180617

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WU, KUANG-LI
3485 BOGGY CREEK ROAD
KISSIMMEE, FL 34744

**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]*
Signature, typed or printed name of registered agent and title if applicable

Kuang-Li Wu, president
(NOTE: Registered Agent signature required when reinstating)

4-4-05
DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

U00000292590
04/07/05-80078-007 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	WU, KUANG-LI
STREET ADDRESS	3485 BOGGY CREEK ROAD
CITY-ST-ZIP	KISSIMMEE, FL 34744
TITLE	MGR
NAME	WU, LANA
STREET ADDRESS	3485 BOGGY CREEK ROAD
CITY-ST-ZIP	KISSIMMEE, FL 34744
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4-4-05
Date
407-908-2412
407-962-4822
Daytime Phone #