2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000032264

1. Entity Name

ORLANDO BUS SALES, LLC



Principal Place of Business

Mailing Address

3485 BOGGY CREEK ROAD KISSIMMEE, FL 34744 US 539 N MILLS AVE ORLANDO, FL 32803

US

FILED Mar 31, 2008 08:00 AN Secretary of State



02052008 No Chg-LLC

CR2E083 (12/07)

Applied For

4. FEI Number	i	Lybbiied i gi
20-0180617	 Ţ-	Not Applicable
5. Certificate of Status Desired	\$5.00	Additional

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

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

STREET ADDRESS CITY-ST-ZIP DO NOT WRITE IN THIS SPACE

9. The chara		किया है प्रतिविधिक विशेष के किया के का है है जुली ही की किया है अमेरिक के अधिक भी करें है है है है	
	named entity submits this statement for the purpose of cha tions of registered agent.	nging its registered office or registered agent, or bott	n, in the State of Florida. I am familiar with, and accept
SIGNATURE.			
	Signature, typed or printed name of registered agant and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE:
After May	NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75		U00000875153 04/11/08-80051-022 138.75
9.	MANAGING MEMBERS/MANAGERS	No et al la	高級學 學院美學學性 医肾上腺 医乳泡的过去式和
TITLE	MGR		
NAME	WU, KUANG-LI		
STREET ADDRESS	3485 BOGGY CREEK ROAD		
CITY-ST-ZIP	KISSIMMEE, FL 34744	The state of the s	THE PROPERTY OF THE PROPERTY O
TITLE	MGR	the first first constant in the set of the s	er Miller Medical Artifaction of the Company of the

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 TITLE NAME

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filling 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: Lana Wu 3-26-08 321-624-4926
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

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