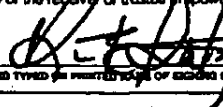


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

1/7

FILED
Mar 02, 2005 8:00 am
Secretary of State

01-07-2005 90024 021 ****50.00

DOCUMENT # L04000010427 1. Entity Name TRANSPORT SERVICES, LLC					
Principal Place of Business 700 N. WICKHAM RD, STE 209 MELBOURNE, FL 32935			Mailing Address 700 N. WICKHAM RD, STE 209 MELBOURNE, FL 32935		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent STITZEL ROBERT E 700 N. WICKHAM RD, STE 209 MELBOURNE, FL 32935			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 completing)					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	President ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	Robert E. Stitzel		NAME		
STREET ADDRESS	700 N. Wickham Rd #209		STREET ADDRESS		
CITY-ST-ZIP	Melbourne, FL 32935		CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 606, Florida Statutes.					
SIGNATURE: 			Robert E. Stitzel 1/3/05 321-254-8454		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING INDIVIDUAL, MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					

30000776



01032005 Chg-LLC CR2E083 (10/03)

4. Filing Number **57-1878245** Applied For ☐ Not Applicable ☐

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