

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000038747

FILED  
Feb 20, 2012  
Secretary of State

**Entity Name:** FORT MYERS TRANSPORTATION, LLC

**Current Principal Place of Business:**

1001 EAST ATLANTIC AVENUE  
SUITE 202  
DELRAY BEACH, FL 33483

**New Principal Place of Business:**

**Current Mailing Address:**

1000 MARKET STREET  
SUITE 300  
PORTSMOUTH, NH 03801

**New Mailing Address:**

**FEI Number:** 83-0396031

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CRITCHFIELD, RICHARD H  
1001 EAST ATLANTIC AVENUE  
SUITE 201  
DELRAY BEACH, FL 33483 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: HILTON, GEORGE  
Address: 41 HARDING AVENUE  
City-St-Zip: NEWBURYPORT, MA 01950

Title: MGR  
Name: WALSH, MARK  
Address: 1001 E. ATLANTIC AVE., SUITE 202  
City-St-Zip: DELRAY BEACH, FL 33483

Title: MGR  
Name: WALSH, MICHAEL  
Address: 1001 E. ATLANTIC AVE., SUITE 202  
City-St-Zip: DELRAY BEACH, FL 33483 US

Title: MGR  
Name: WALSH, WILLIAM  
Address: 1000 MARKET STREET, SUITE 300  
City-St-Zip: PORTSMOUTH, NH 03801 US

Title: MGR  
Name: MILLER, JOSEPH K  
Address: 1200 MAIN STREET  
City-St-Zip: FORT MYERS BEACH, FL 33931 US

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: WILLIAM WALSH

MGR

02/20/2012

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