


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90032 010 ****50.00

DOCUMENT # L04000065473	
1. Entity Name GORE TRANSPORT, LLC	

Principal Place of Business 7750 GALL BOULEVARD ZEPHYRHILLS, FL 33541	Mailing Address 7750 GALL BOULEVARD ZEPHYRHILLS, FL 33541
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60041091



2. Principal Place of Business - No P.O. Box # 16100 Hwy 301 N.	3. Mailing Address 16100 Hwy 301 N.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04122007 Chg-LLC CR2E083 (12/06)

City & State Dade City FL	City & State Dade City FL
Zip 33523	Zip 33523
Country	Country

4. FEI Number 20-1635267	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent GORE, FRED L 7750 GALL BOULEVARD ZEPHYRHILLS, FL 33541	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 16100 Hwy 301 N. City Dade City FL Zip Code 33523
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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  (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GORE, FRED L 7750 GALL BOULEVARD ZEPHYRHILLS, FL 33541 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 16100 Hwy 301 N. Dade City, FL 33523
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HARWELL, DAVID 7750 GALL BOULEVARD ZEPHYRHILLS, FL 33541 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 16100 Hwy 301 N. Dade City, FL 33523
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  Date **4/13/07** Daytime Phone #

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