

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000072605

Entity Name: MULTI-TRANS, LLC

FILED  
May 18, 2007  
Secretary of State

## Current Principal Place of Business:

1300 NW 17TH AVENUE  
116  
DELRAY BEACH, FL 33445

## New Principal Place of Business:

160 CONGRESS PARK DRIVE  
113  
DELRAY BEACH, FL 33445

## Current Mailing Address:

1300 NW 17TH AVENUE  
116  
DELRAY BEACH, FL 33445

## New Mailing Address:

160 CONGRESS PARK DRIVE  
113  
DELRAY BEACH, FL 33445

FEI Number: 20-1721998      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

MEEKS, CARSON M  
1300 NW 17TH AVE #116  
DELRAY BEACH, FL 33445      US

## Name and Address of New Registered Agent:

MEEKS, CARSON M  
160 CONGRESS PARK DRIVE  
113  
DELRAY BEACH, FL 33445      US

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:

05/18/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR      ( ) Delete  
Name: MEEKS, CARSON M  
Address: 2782 HAMPTON CIRCLE S  
City-St-Zip: DELRAY BEACH, FL 33445

## ADDITIONS/CHANGES:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: CARSON MEEKS

MGR

05/18/2007

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