

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Sep 13, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000085193

1. Entity Name
MARIAH TRANSPORT, LLC



Principal Place of Business
9741 S. ORANGE BLOSSOM TRAIL
SUITE 1
ORLANDO, FL 32837

Mailing Address
9741 S. ORANGE BLOSSOM TRAIL
SUITE 1
ORLANDO, FL 32837



07192007 No Chg.-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
83-0413890

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

JIMENEZ-DIAZ, P.A.
9741 S. ORANGE BLOSSOM TRAIL
SUITE 1
ORLANDO, FL 32837

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE

**Filing Fee is \$50.00
Due by September 14, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
ANGULO, RAFAEL A
2627 BRIM CT.
ORLANDO, FL 32839

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
JIMENEZ, JAIME
14127 VASCONIA CT.
ORLANDO, FL 32837

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000773945
09/13/07-80006-016 50.00

**DO NOT WRITE
IN THIS SPACE**

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:

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

Date

Daytime Phone #

407-7124406
9/10/07
Rafael A. Angulo