

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 25, 2008 8:00 am**  
**Secretary of State**

03-25-2008 90082 005 \*\*\*138.75

**DOCUMENT # L05000016810**

1. Entity Name  
NORTH AMERICAN RAIL SOLUTIONS, LLC



Principal Place of Business  
2634 SOPHIA COURT  
GREEN COVE SPRINGS, FL 32043

Mailing Address  
2634 SOPHIA COURT  
GREEN COVE SPRINGS, FL 32043

**60016996**



2. Principal Place of Business - No P.O. Box #

1726 KINGSLEY AVE  
Suite, Apt. #, etc.  
SUITE 228

3. Mailing Address

1726 KINGSLEY AVE  
Suite, Apt. #, etc.  
SUITE 228

03042008 Chg-LLC CR2E083 (12/06)

City & State  
ORANGE PARK FL

City & State  
ORANGE PARK, FL

4. FEI Number  
20-1361479

Applied For  
Not Applicable

Zip  
32073

Country  
USA

Zip  
32073

Country  
USA

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

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE STE. 4  
WESTON, FL 33331

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
WILLIAMSON, MIKE  
2634 SOPHIA CT  
GREEN COVE SPRINGS, FL 32043 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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CITY-ST-ZIP  
☐ Change ☐ 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:**

*M. J. Williamson*

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

Date

Daytime Phone #