

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

ATX1

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 MAR 24 AM 10: 01

**DOCUMENT #** L 05000019827  
1. Entity Name  
**Selmon Transportation, LLC**

**DO NOT WRITE IN THIS SPACE**

|  |   |
|--|---|
| 2. Principal Place of Business<br><b>5459 Chantilly Circle</b><br>Suite, Apt. #, etc | 3. Mailing Address<br><b>5459 Chantilly Circle</b><br>Suite, Apt. #, etc. |
|--|---|

**DO NOT WRITE IN THIS SPACE**

|                                   |                                   |                                    |  |
|-----------------------------------|-----------------------------------|------------------------------------|--|
| City & State<br><b>Milton, FL</b> | City & State<br><b>Milton, FL</b> | 4. FEI Number<br><b>20-2149462</b> | Applied For<br><input type="checkbox"/> Not Applicable |
| Zip<br><b>32583-1687</b>          | Country<br><b>USA</b>             | Zip<br><b>32583-1687</b>           | Country<br><b>USA</b>                                  |

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Francis Maxwell Selmon

Street Address (P.O. Box Number is Not Acceptable)  
**5459 Chantilly Circle**

City **Milton** FL Zip Code **32583-1687**

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 *Francis Selmon* **Managing Member** **3/8/15.**  
Signature typed or printed name of registered agent and title if applicable. DATE

FEE IS \$50.00  
Make Check Payable to Department of State  
DUE BY MAY 1

| 9. MANAGING MEMBERS/MANAGERS                   |  |  |  |
|--|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>Managing Member<br/>Francis Maxwell Selmon<br/>5459 Chantilly Circle<br/>Milton, FL</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>700049555257<br/>03/31/05--01004--007 **50.00</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DO NOT WRITE<br/>IN THIS SPACE</b>                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

CR2E083B (12/02)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Francis Selmon* **Managing Member** **3/8/15.** **(850)698-9163**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #