

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90146 016 ****55.00

DOCUMENT # L05000083152

1. Entity Name

TRANSPORT AND LOGISTICS ASSOCIATES LLC



Principal Place of Business

10527 MANASSAS CIRCLE
ORLANDO FL 32821-8612

Mailing Address

PO BOX 692226
ORLANDO FL 32869-2226



2. Principal Place of Business

10145 Blazed Tree Court

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 692226

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

4. FEI Number

51-0556623

Applied For

Not Applicable

Zip

32821-8272

Country

Zip

32869-2226

Country

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

1st MOORE

CR2E083 (10/05)

6. Name and Address of Current Registered Agent

KOSTOLICH, MARCUS S
10527 MANASSAS CIRCLE
ORLANDO FL 32821-8612

7. Name and Address of New Registered Agent

Name

Kostolich, Marcus S.

Street Address (P.O. Box Number is Not Acceptable)

10145 Blazed Tree Court

City

Orlando

FL

Zip Code

32821-8272

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]
Signature, typed or printed name of registered agent and type if applicable

February 3, 2006

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS / MANAGERS

TITLE MGR ☐ Delete
NAME KOSTOLICH, MARCUS S
STREET ADDRESS 10527 MANASSAS CIRCLE
CITY-ST-ZIP ORLANDO FL 32821-8612

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE Manager ☐ Change ☐ Addition
NAME Kostolich, Marcus S.
STREET ADDRESS 10145 Blazed Tree Court
CITY-ST-ZIP Orlando, FL 32821-8272

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

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

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CITY-ST-ZIP

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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]
Signature, typed or printed name of registered agent and type if applicable

2-3-06

407-264-9726