2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Apr 18, 2007 8:00 am Secretary of State DOCUMENT # L05000091315 1. Entity Name 04-18-2007 90030 035 ****50.00 HALL'S TRANSPORTATION, LLC Principal Place of Business Mailing Address 5833 MARBLEWOOD LANE 5833 MARBLEWOOD LANE TALLAHASSEE FL 32309 TALLAHASSEE FL 32309 2. Principal Place of Business - No P.O. Box # 3 Mailing Address Same as above Above Suite, Apt. #, etc. 1st MOORE CR2E083 (10/06) City & State City & State 4. FEI Number Applied For 20-3439432 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo HALL, MAMIE M Street Address (P.O. Box Number is Not Acceptable) 5833 MARBLEWOOD LANE TALLAHASSEE FL 32309 City 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. Manie FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. 11111 ☐ Change Addition MGRM Delete NAMI HALL, MAMIE M NAMI STREET LADDRESS 5833 MARBLEWOOD LANE STREET ADDRESS CITY ST ZIE TALLAHASSEE FL 32309 CITY ST ZIP ЩЦ **MGRM** ☐ Delete mu ☐ Change Addition NAME HALL, OSCAR SR NAMI STREET ADDRESS STREET ADDRESS **5833 MARBLEWOOD LANE** CHY-ST-7IP CHY-ST-ZIE TALLAHASSEE FL 32309 Change MILL Delete HILL ☐ Addition MGRM NAMI NAMI HALL, OSCAR JR 5276 IOWACOURT STREET ADDRESS STREET ADDRESS 3989-49 WOODVILLE HWY Tallahassee, 7L 32305 CITY ST-7IP TALLAHASSEE FL 32311 Change mili ☐ Delete HD Addition MGRM NAMI HALL, ERIKA 5505 Hampton Oak Place Tallahassee, 7L 32311 STREET ADDRESS 600 VICTORY GARDEN DR. J83 STREET | ADDRESS CITY ST ZIP CITY SE-ZIP TALLAHASSEE FL 32301 MIN ☐ Delete 1111 Change Addition NAM STREET ADDRESS STREET ADDRESS CHY St ZIP CHY ST 7IP 11616 ☐ Delete ☐ Change ☐ Addition NAMI NAM STREET LADORESS STREET ADDRESS CHY-S1-ZIP CITY ST-7IP 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 logal effect as if made under eath; 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.

FILED