


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90305 031 ****50.00

DOCUMENT # L05G00094838 1. Entity Name SOUTH FLORIDA'S GLOBAL TRANSPORTATION, LLC.					
Principal Place of Business 4967 SW 11TH PLACE MARGATE FL 33068			Mailing Address 4967 SW 11TH PLACE MARGATE FL 33068		
2. Principal Place of Business - No P.O. Box # 4967 S.W. 11 Place		3. Mailing Address Suite, Apt. #, etc. City & State Margate FL			
Suite, Apt. #, etc. inclosure inclosure		Suite, Apt. #, etc. City & State Margate FL			
Zip 33068		Country USA		4. FEI Number 04-3839369	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		Applied For Not Applicable			
6. Name and Address of Current Registered Agent HOPKINS, ANNETTE 4967 SW 11TH PLACE MARGATE FL 33068			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 <u>Annette Hopkins</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY ST ZIP	D HOPKINS, ANNETTE 4967 SW 11TH PLACE MARGATE FL 33068	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	D THOMAS, BRANDON 231 W CENTRAL AVE UNIT-D MONROVIA CA 91016	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u>Annette Hopkins</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			4-23-07 <small>Date</small>		