2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000098769

City-St-Zip: ST. AUGUSTINE, FL 32092

Entity Name: RUSSELL FAMILY TRANSPORT LLC

FILED Jun 10, 2008 Secretary of State

	Noodeely will my word on the	
Current P	rincipal Place of Business:	New Principal Place of Business:
6430 C.R. ST. AUGL	208 ISTINE, FL 32092	
Current N	lailing Address:	New Mailing Address:
6430 C.R. ST. AUGL	208 ISTINE, FL 32092	
In accordan	: 87-0754191 FEI Number Applied For (ice with s. 607.193(2)(b), F.S., the limited liabili I Address of Current Registered Ager	ty company did not receive the prior notice.
6430 C.R.:	, JOHN H III 208 ISTINE, FL 32092 US	RUSSELL, SALLY ANN 6430 C.R.208 ST. AUGUSTINE, FL 32092 US
The above in the State	e named entity submits this statement for e of Florida.	the purpose of changing its registered office or registered agent, or bot
SIGNATURE: SALLY ANN RUSSELL		06/10/2008
	Electronic Signature of Registere	d Agent Date
MANAGING	MEMBERS/MANAGERS:	ADDITIONS/CHANGES:
Title: Name: Address: City-St-Zip:	MGR () Delete RUSSELL, JOHN H III 6430 C.R. 208 ST. AUGUSTINE, FL 32092	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	MGRM () Delete RUSSELL, SALLY ANN 6430 C.R. 208 ST. AUGUSTINE, FL 32092	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address:	MGRM () Delete RUSSELL, MOLLY KATE 6430 C.R. 208	Title: () Change () Addition Name: Address:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

City-St-Zip:

SIGNATURE: SALLY ANN RUSSELL MGRM 06/10/2008