2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT #1.05000101387



FILED Apr 20, 2006 8:00 am Secretary of State 04-06-2006 90300 001 ****50.00

1. Entity Name DSB TRANSPORTATION, LLC										
Principal Place of Business			Mailing Address			1	u	, t. U V	_	
2929 INDUSTRIAL AVE. FT. MYERS, FL 33901			2929 INDUSTRIAL AVÉ. FT. MYERS, FL 33901							
2. Principal Place of Business			3. Malling Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01052006	Chg-LLC	CR2E)83 (11/05)		
City & State		City & State			4. FEI Numbe	20-37373	23		optied For of Applicable	
Zip	Country		Zip Count		try	1	ol Status Desired	U	\$5.00 Add Fee Require	
	6. Name	and Address of Current	Registered Agent		Name	7. Name and	Address of New Re	gistered.	Agent	
DEAN, CHARLES W 2929 INDUSTRIAL AVE.					P.O. Box Numbe	r is Not Acceptable)				
FT. MYERS, FL 33901					 					
					City			FL	<u> </u>	
	named entit ions of regisi		r the purpose of changing its	registere	ed office or registe	red agent, or bot	h, in the State of Flori	da. I am	familiar with,	and accept
SIGNATURE	Signature, typed	or printed name of registered egent	and alte if applicable. (NOTE	: Registered	l Agent signature require	d when relinesating)		DATE		
Filing Fee is \$50.00 Due by May 1, 2006							Make check payable to Florida Department of State			
Pi Di	iling Fee i ue by Ma	is \$50.00 y 1, 2006								•
9.	iling Fee i ue by Ma	is \$50.00 y 1, 2006 MANAGING MEMBE	RS/MANAGERS	10.				Departm	ent of State	•
D:	MGR	y 1, 2006 MANAGING MEMBE	RS/MANAGERS	TITLE	l I		Florida	Departm	ent of State	Addition
9. TITLE	MGR DEAN, CI 2929 IND	y 1, 200 6		TITLE NAME STRE	l I		Florida	Departm	ent of State	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MGR DEAN, CI 2929 IND	MANAGING MEMBE HARLES W USTRIAL AVE.		TITLE NAME STRE CITY TITLE	E ET ADORESS ST-ZIP		Florida	Departm	ent of State	
9. TITLE MAME STREET ADDRESS CITY-ST-ZIP	MGR DEAN, CI 2929 IND	MANAGING MEMBE HARLES W USTRIAL AVE.	☐ Delets	TITLE NAME STRE CITY TITLE NAME STREE	E ET ADORESS ST-ZIP		Florida	Departm	Change	Addition
9. TITLE HAME STREET ADDRESS CITY-ST-72P TITLE HAME STREET ADDRESS CITY-ST-72P TITLE	MGR DEAN, CI 2929 IND	MANAGING MEMBE HARLES W USTRIAL AVE.	☐ Delets	TITLE NAME STRE CITY TITLE NAME STREE CITY TITLE	ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP ST-ZIP -ST-ZIP		Florida	Departm	Change	Addition
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indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am a managing member or manage limited liability company or the receiver or frustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3-20-06 239-334-1051