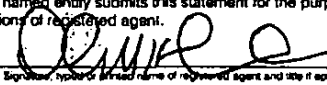


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

7/1

FILED
Aug 02, 2006 8:00 am
Secretary of State

07-13-2006 90079 027 ****50.00

DOCUMENT # L05000116146			
1. Entity Name TRANSPORTATION EXPORT SPECIALIST, LLC			
Principal Place of Business 6806 SEMINOLE DR. ORLANDO, FL 32812		Mailing Address 6806 SEMINOLE DR. ORLANDO, FL 32812	
2. Principal Place of Business 11813 DANESWOOD CT		3. Mailing Address 11813 DANESWOOD CT	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State ORLANDO FL		City & State ORLANDO FL	
Zip 32821	Country USA	Zip 32821	Country USA
4. Name and Address of Current Registered Agent HOWLAND, DAVID 11813 DANESWOOD CT ORLANDO, FL 32821		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of New Registered Agent		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
State		State	
Zip Code		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.			
SIGNATURE 		DATE 7/10/06	
Filing Fee is \$50.00 Due by September 8, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOWLAND, DAVID 11813 DANESWOOD CT ORLANDO, FL 32821 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HUNT, BRIAN 6806 SEMINOLE DR. ORLANDO, FL 32812 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: 		DATE 7/10/06 407-247-5090	
SIGNATURE AND PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

30012411



07072006 Chg-LLC CR2E083 (11/05)

11-3764216

Applied For
Not Applicable

FEI #

11-3764216