


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 07, 2007 8:00 am
Secretary of State

05-07-2007 90380 023 ****50.00

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|--|---|--|--|
| DOCUMENT # L05000121134 1. Entity Name FAVOR TRANSPORT LLC | |  | |
| Principal Place of Business 2255 ALLING TERRACE NORTH PORT, FL 34286 | | Mailing Address 2255 ALLING TERRACE NORTH PORT, FL 34286 | |
| 2. Principal Place of Business - No P.O. Box # 108 Cory St. Suite, Apt. #, etc. PORT CHARLOTTE, FL City & State | | 3. Mailing Address 108 Cory St. Suite, Apt. #, etc. PORT CHARLOTTE, FL City & State FL | |
| Zip 33953 | Country | Zip 33953 | Country |
| 6. Name and Address of Current Registered Agent SHABLIY, OLEG V 2255 ALLING TERRACE NORTH PORT, FL 34286 | | 7. Name and Address of New Registered Agent Name Oleg Shabliy AS. Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | |
| Filing Fee is \$50.00 Due by September 14, 2007 | | Make check payable to Florida Department of State | |
| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR SHABLIY, OLEG V 2255 ALLING TERRACE NORTH PORT, FL 34286 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Address change: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 108 Cory St. PORT CHARLOTTE, FL 33953 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <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 | <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 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 606, Florida Statutes. | | | |
| SIGNATURE: O. Shabliy SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | 4/30/07 916-801-7507 Date Daytime Phone # | |

60043411



05022007 Chg-LLC CR2E083 (12/06)

4. FEI Number **74-3174952** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required