

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000031230

FILED
May 11, 2009
Secretary of State

Entity Name: MARK OF EXCELLENCE TRANSPORT, LLC

Current Principal Place of Business:

1465 NORTHRIDGE DRIVE
LONGWOOD, FL 32750

New Principal Place of Business:

Current Mailing Address:

1465 NORTHRIDGE DRIVE
LONGWOOD, FL 32750

New Mailing Address:

FEI Number: 20-4591209 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MARK VAN SANDT
1465 NORTHRIDGE DRIVE
LONGWOOD, FL 32779 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: VAN SANDT, MARK
Address: 1465 NORTHRIDGE DRIVE
City-St-Zip: LONGWOOD, FL 32750

Title: MGRM () Delete
Name: VAN SANDT, CAROLYN
Address: 1465 NORTHRIDGE DRIVE
City-St-Zip: LONGWOOD, FL 32750

Title: MGRM () Delete
Name: VAN SANDT, JACK
Address: 1465 NORTHRIDGE DRIVE
City-St-Zip: LONGWOOD, FL 32750

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: MARK VAN SANDT

MGRM

05/11/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date