

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000050534

FILED
Sep 05, 2007
Secretary of State

Entity Name: GTA COURIER SERVICE, LLC

Current Principal Place of Business:

4894 INVERNESS COURT #102
PALM HARBOR, FL 34685 US

New Principal Place of Business:

4894 INVERNESS COURT #104
PALM HARBOR, FL 34685 US

Current Mailing Address:

4894 INVERNESS COURT #102
PALM HARBOR, FL 34685 US

New Mailing Address:

4894 INVERNESS COURT #104
PALM HARBOR, FL 34685 US

FEI Number: 20-5053274 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:

UNITED STATES CORPORATION AGENTS, INC.
1111 LINCOLN RD.,
SUITE 400
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

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: GUSTAFSON, TIA
Address: 4894 INVERNESS COURT #102
City-St-Zip: PALM HARBOR, FL 34685 US

Title: MGRM () Delete
Name: GUSTAFSON, GARY
Address: 4894 INVERNESS COURT #102
City-St-Zip: PALM HARBOR, FL 34685 US

Title: MGRM () Delete
Name: GUSTAFSON, ANDREW
Address: 4894 INVERNESS COURT #102
City-St-Zip: PALM HARBOR, FL 34685 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GUSTAFSON, TIA
Address: 4894 INVERNESS COURT #104
City-St-Zip: PALM HARBOR, FL 34685 US

Title: MGRM (X) Change () Addition
Name: GUSTAFSON, GARY
Address: 4894 INVERNESS COURT #104
City-St-Zip: PALM HARBOR, FL 34685 US

Title: MGRM (X) Change () Addition
Name: GUSTAFSON, ANDREW
Address: 4894 INVERNESS COURT #104
City-St-Zip: PALM HARBOR, FL 34685 US

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: GARY D. GUSTAFSON

CFO

09/05/2007

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