## FILED Jun 01, 2007 8:00 am Secretary of State

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2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

04-30-2007 90049 001 \*\*\*150.00 DOCUMENT # L06000078372 1. Entity Name TITO TRANSPORT, LLC Principal Place of Business Mailing Address **519 EAGLE COURT 519 EAGLE COURT** 30009476 KISSIMMEE, FL 34759 KISSIMMEE, FL 34759 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. 04262007 Cha-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For Not Applicable Country Zio Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent. Name **VELEZ, LUIS A** Street Address (P.O. Box Number is Not Acceptable) **519 EAGLE COURT** KISSIMMEE, FL 34759 City Zip Code ۴L 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 SIGNATURE Signature, typod or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remstating Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES ШЕ MGR ☐ Delete HHF ☐ Change ☐ Addition NAME VELEZ, LUIS A NAME STREET ADDRESS **519 EAGLE COURT** STREET ADDRESS CITY-SI-7P KISSIMMEE, FL 34759 CITY.ST. 70 TITLE ☐ Delete ITLE ☐ Change Addition NAME NAME STREET ADDRESS SIREFI ADDRESS CITY-ST-ZP CITY-ST-ZIP TITLE ☐ Delete WHE ☐ Change ☐ Add tion NAME NAME STREET ADORESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP TITLE Detete HILE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST- 7P Delete IIILE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP MILE TIELE ☐ Delete ☐ Change ☐ Addition MAME HANG STREET ADDRESS STREET ATTORESS CITY-ST-ZIP City-St-ZP 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:

MANAGER, OR AUTHORIZED REPRESENTATIVE