FILED
Jun 14, 2007 8:00 am
Secretary of State
05-23-2007 90215 045 ****55.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000101613

1. Entity Name
RUNAWAY TRANSPORT LLC

30010784

Principal Place of Business	Mailing Address
1018 DECKER STREET FLINT, MI 48503-4850	1018 DECKER STREET FLINT, MI 48503-4850

05202007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
17100 N. Tamiami Trl		130 SW 20th Street	
Suite, Apt. #, etc. 296		Suite, Apt. #, etc.	
City & State Punta Gorda, FL		City & State Cape Coral, FL	
Zip 33955	Country	Zip 33991	Country

4. FEI Number 20-5880515 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LLOYD, KENNTH TIMOTHY
17100 TAMIAMI TRAIL LOT 296
PUNTA GORDA, FL 33955

7. Name and Address of New Registered Agent

Name

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 Kenneth T. Lloyd 5/21/07
Signature, typed or printed name of registered agent and title if applicable. (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	MGRM LLOYD, KENNETH T 17100 TAMIAMI TRAIL LOT 296 PUNTA GORDA, FL 33955	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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: K.T. Lloyd 05/21/07 239-699-4881
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #