

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000117025

Entity Name: RV TRANSPORT, LLC

FILED  
Apr 21, 2009  
Secretary of State

## Current Principal Place of Business:

5315 SW 112 AVE  
MIAMI, FL 33165

## New Principal Place of Business:

7610 SW 135 AVE  
MIAMI, FL 33183 US

## Current Mailing Address:

P.O. BOX 831981  
MIAMI, FL 33283-

## New Mailing Address:

P.O. BOX 831981  
MIAMI, FL 33283- US

FEI Number: 20-8002013

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

VALDES, RALPH C  
5315 SW 112 AVE  
MIAMI, FL 33165 US

## Name and Address of New Registered Agent:

VALDES, RALPH C  
5755 W 20 AVE  
SUITE # 406  
HIALEAH, FL 33012 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:

04/21/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: VALDES, RALPH C  
Address: 5315 SW 112 AVE  
City-St-Zip: MIAMI, FL 33165

Title: MGR ( ) Delete  
Name: VALDES, RAFAEL  
Address: 7610 SW 135 AVE  
City-St-Zip: MIAMI, FL 33183 US

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: VALDES, RALPH C  
Address: 5755 W 20 AVE ,SUITE# 406  
City-St-Zip: HIALEAH, FL 33012 US

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: RAFAEL VALDES

MGR

04/21/2009

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