

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000015132

FILED  
May 12, 2009  
Secretary of State

Entity Name: TRAVEL TIME TRANSPORTATION LLC

**Current Principal Place of Business:**

3596 GILMORE HEIGHTS ROAD NORTH  
JACKSONVILLE, FL 32225

**New Principal Place of Business:**

**Current Mailing Address:**

3596 GILMORE HEIGHTS ROAD NORTH  
JACKSONVILLE, FL 32225

**New Mailing Address:**

FEI Number: 20-8445793      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:**

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US

**Name and Address of New Registered Agent:**

REXFORD, JAMES H MGR  
3596 GILMORE HTS RD N.  
JACKSONVILLE, FL 32225 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: JAMES H REXFORD

05/12/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: REXFORD, JAMES  
Address: 3596 GILMORE HEIGHTS ROAD NORTH  
City-St-Zip: JACKSONVILLE, FL 32225

Title: MGR ( ) Delete  
Name: SMITH, ROBERT W  
Address: 3596 GILMORE HEIGHTS ROAD NORTH  
City-St-Zip: JACKSONVILLE, FL 32225

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: REXFORD, JAMES H  
Address: 3596 GILMORE HEIGHTS ROAD NORTH  
City-St-Zip: JACKSONVILLE, FL 32225

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: JAMES H REXFORD

MGR

05/12/2009

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