

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000018353

FILED  
Apr 14, 2009  
Secretary of State

Entity Name: PWAS TRANSPORT SERVICES, LLC

**Current Principal Place of Business:**

3501-B N. PONCE DELEON BLVD.  
ST. AUGUSTINE, FL 32084

**New Principal Place of Business:**

3501-B N. PONCE DELEON BLVD.  
#397  
ST. AUGUSTINE, FL 32084

**Current Mailing Address:**

3501-B N. PONCE DELEON BLVD.  
ST. AUGUSTINE, FL 32084

**New Mailing Address:**

3501-B N. PONCE DELEON BLVD.  
#397  
ST. AUGUSTINE, FL 32084

FEI Number: 20-8948073

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LUDWIG & ASSOCIATES, P.A.  
5150 BELFORT RD. S.  
#500  
JACKSONVILLE, FL 32256 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: MGR ( ) Delete  
Name: WAGSTAFF, PATRICIA  
Address: 3501-B N. PONCE DELEON BLVD.  
City-St-Zip: ST. AUGUSTINE, FL 32084

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: WAGSTAFF, PATRICIA  
Address: 3501-B N. PONCE DELEON BLVD., #397  
City-St-Zip: ST. AUGUSTINE, FL 32084

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: PATRICIA WAGSTAFF

MGR

04/14/2009

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