

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000035488

FILED  
Mar 19, 2008  
Secretary of State

Entity Name: SCOTTS TRANSPORT SERVICE "LLC"

**Current Principal Place of Business:**

165 WELLS RD. 201  
ORANGE PARK, FL 32073 US

**New Principal Place of Business:**

**Current Mailing Address:**

165 WELLS RD. 201  
ORANGE PARK, FL 32073 US

**New Mailing Address:**

FEI Number: 20-8773148

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CARNES, SCOTT  
8512 HERLONG RD  
JACKSONVILLE, FL 32210 US

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

CARNES, SCOTT  
165 WELLS RD #201  
ORANGE PARK, FL 32073 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:

03/19/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: CARNES, SCOTT  
Address: 8512 HERLONG RD  
City-St-Zip: JACKSONVILLE, FL 32210 US

Title: MGRM ( ) Delete  
Name: CARNES, PAM  
Address: 8512 HERLONG RD  
City-St-Zip: JACKSONVILLE, FL 32210 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: CARNES, SCOTT  
Address: 165 WELLS RD #201  
City-St-Zip: ORANGE PARK, FL 32073 US

Title: MGRM (X) Change ( ) Addition  
Name: CARNES, PAM  
Address: 165 WELLS RD #201  
City-St-Zip: ORANGE PARK, FL 32073 US

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: PAM CARNES

MGRM

03/19/2008

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