

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000051673

FILED  
Jun 03, 2009  
Secretary of State

**Entity Name:** TALIA'S TRANSPORTATION LLC

**Current Principal Place of Business:**

2982 BONKIRK DR.  
DELTONA, FL 32738 US

**New Principal Place of Business:**

**Current Mailing Address:**

2982 BONKIRK DR.  
DELTONA, FL 32738 US

**New Mailing Address:**

FEI Number: 06-1816541      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:**

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

PASTRANA, OSVALDO E SR.  
2982 BONKIRK DR  
DELTONA, FL 32738 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: PASTRANA, OSVALDO E SR.  
Address: 2982 BONKIRK DR.  
City-St-Zip: DELTONA, FL 32738

Title: MGRM ( ) Delete  
Name: PASTRANA, TALIA V MISS  
Address: 2982 BONKIRK DR.  
City-St-Zip: DELTONA, FL 32738 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: OSVALDO PASTRANA

MGRM

06/03/2009

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