

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000053589

FILED
Apr 29, 2009
Secretary of State

Entity Name: TAS TRANSPORTATION LLC

Current Principal Place of Business:

1299 CR 222
WILDWOOD, FL 347858612

New Principal Place of Business:

1299 COUNTY ROAD 222
WILDWOOD, FL 347858612

Current Mailing Address:

1299 CR 222
WILDWOOD, FL 347858612

New Mailing Address:

1299 COUNTY ROAD 222
WILDWOOD, FL 347858612

FEI Number: 26-1350673

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JASPER, SHERRIA T
1299 CR 222
WILDWOOD, FL 347858612 US

Name and Address of New Registered Agent:

JASPER, SHERRIA T
1299 COUNTY ROAD 222
WILDWOOD, FL 347858612 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: SHERRIA T. JASPER

04/29/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: JASPER, SHERRIA T
Address: 1299 CR 222
City-St-Zip: WILDWOOD, FL 347858612

Title: MGRM () Delete
Name: GRAHAM, TIMOTHY A
Address: 1299 CR 222
City-St-Zip: WILDWOOD, FL 347858612

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: JASPER, SHERRIA T
Address: 1299 COUNTY ROAD 222
City-St-Zip: WILDWOOD, FL 347858612

Title: MGRM (X) Change () Addition
Name: GRAHAM, TIMOTHY A
Address: 1299 COUNTY ROAD 222
City-St-Zip: WILDWOOD, FL 347858612

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: SHERRIA T. JASPER

MGR

04/29/2009

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