

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000073556

FILED
Apr 30, 2009
Secretary of State

Entity Name: T & T AUTO TRANSPORT, LLC

Current Principal Place of Business:

1447 WACO COURT
ORANGE PARK, FL 32065 US

New Principal Place of Business:

Current Mailing Address:

5000 US HIGHWAY 17
SUITE 18, PMB 282
ORANGE PARK, FL 32003 US

New Mailing Address:

P.O. BOX 65245
ORANGE PARK, FL 32065 US

FEI Number: 26-0538497

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AMERICAN SAFETY COUNCIL, INC.
5125 ADANSON ST.
SUITE 500
ORLANDO, FL 32804 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: MGRM () Delete
Name: MCCABE, BARBARA
Address: 1478 WILD IRIS LANE
City-St-Zip: ORANGE PARK, FL 32003 US

Title: MGRM () Delete
Name: TIMBIE, JOHN
Address: 1447 WACO COURT
City-St-Zip: ORANGE PARK, FL 32065 US

Title: MGRM () Delete
Name: TIMBIE, PETER
Address: 12713 SAND RIDGE DRIVE
City-St-Zip: JACKSONVILLE, FL 32258 US

ADDITIONS/CHANGES:

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

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: BARBARA MCCABE

MGRM

04/30/2009

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