

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000081030

FILED  
Apr 28, 2008  
Secretary of State

Entity Name: Y M S AUTO TRANSPORTATION, LLC.

**Current Principal Place of Business:**

3017 GLENWOOD RD  
WEST PALM BEACH, FL 33405

**New Principal Place of Business:**

**Current Mailing Address:**

3017 GLENWOOD RD  
WEST PALM BEACH, FL 33405

**New Mailing Address:**

FEI Number: 26-0673208

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

YOOL, SHAZLI  
3017 GLENWOOD RD  
WEST PALM BEACH, FL 33405 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: YOOL, SHAZLI  
Address: 3017 GLENWOOD RD  
City-St-Zip: WEST PALM BEACH, FL 33405

Title: MGR ( ) Delete  
Name: YOOL, MOISES  
Address: 2040 GREENVIEW SHORES #222  
City-St-Zip: WELLINGTON, FL 33414

Title: MGR ( ) Delete  
Name: DURAN, LAURA L  
Address: 3486 HARNESS CIRCLE  
City-St-Zip: WELLINGTON, FL 33449

**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: SHAZLI YOOL

MGR

04/28/2008

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