

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000082813

FILED
Apr 17, 2009
Secretary of State

Entity Name: UNIVERSAL TOWING & TRANSPORTATION LLC

Current Principal Place of Business:

15714 E WATERSIDE CIR
#202
SUNRISE, FL 33326 US

Current Mailing Address:

P O BOX 268771
WESTON, FL 33326

New Principal Place of Business:

16135 EMERALD ESTATES DR
164
WESTON, FL 33331 US

New Mailing Address:

16135 EMERALD ESTATES DR
164
WESTON, FL 33331 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SASON, ELIAHU
2320 HOLLYWOOD BLVD
HOLLYWOOD, FL 33020 US

Name and Address of New Registered Agent:

SASON, ELIAHU
16135 EMERALD ESTATES DR
164
WESTON, FL 33331 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: SASON ELIAHU

04/17/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LEV, AVISHAY
Address: 1911 N E 211 ST
City-St-Zip: N MIAMI, FL 33179

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SASON, ELIAHU
Address: 16135 EMERALD ESTATES DR
City-St-Zip: WESTON, FL 33331

Title: MGR () Change (X) Addition
Name: CALLE, BARBARA
Address: 16135 EMERALD ESTATES DR #164
City-St-Zip: WESTON, FL 33331

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: SASON ELIAHU

MGRM

04/17/2009

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