

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000084666

FILED
Jan 04, 2008
Secretary of State

Entity Name: SPOGNARDI TRANSPORT, LLC

Current Principal Place of Business:

2201 JENNA CIRCLE
EUSTIS, FL 32726

New Principal Place of Business:

41238 ROYAL TRAILS RD
EUSTIS, FL 32736

Current Mailing Address:

5224 WEST STATE RD #46 - PMB 327
SANFORD, FL 32771

New Mailing Address:

41238 ROYAL TRAILS RD
EUSTIS, FL 32736

FEI Number: 26-0732201

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPOGNARDI, MICHAEL
2201 JENNA CIRCLE
EUSTIS, FL 32726 US

Name and Address of New Registered Agent:

SPOGNARDI, MICHAEL
106 MAJESTIC FOREST RUN
SANFORD, FL 32771 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:

01/04/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: SPOGNARDI, JUSTIN
Address: 2201 JENNA CIRCLE
City-St-Zip: EUSTIS, FL 32726

Title: ST () Delete
Name: SPOGNARDI, MICHAEL
Address: 2201 JENNA CIRCLE
City-St-Zip: EUSTIS, FL 32726

ADDITIONS/CHANGES:

Title: P (X) Change () Addition
Name: SPOGNARDI, JUSTIN
Address: 41238 ROYAL TRAILS RD
City-St-Zip: EUSTIS, FL 32736

Title: ST (X) Change () Addition
Name: SPOGNARDI, MICHAEL
Address: 5224 W ST RD 46 PMB 327
City-St-Zip: SANFORD, FL 32771

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: JUSTIN M. SPOGNARDI

P

01/04/2008

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