

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000088605

1. Entity Name
TRANSBALKAN, LLC



50004457

Principal Place of Business
424 E CENTRAL BLVD
106
ORLANDO, FL 32801 US

Mailing Address
424 E CENTRAL BLVD
106
ORLANDO, FL 32801 US



2. Principal Place of Business - No P.O. Box #
11850 DR. MLK ST.
 Suite, Apt. #, etc.

3. Mailing Address
11850 DR. MLK ST.
 Suite, Apt. #, etc.

02262008 Chg-LLC CR2E083 (12/06)

City & State
ST. PETERSBURG, FL
 Zip
33716
 Country
U.S.A.

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33716
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4. FEI Number Applied For
☒ Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SZAFRICKS, IMRE
424 E. CENTRAL BLVD
106
ORLANDO, FL 32801

7. Name and Address of New Registered Agent

Name
IMWORLD SERVICES INC.
 Street Address (P.O. Box Number is Not Acceptable)
424 E CENTRAL BLVD.
106
 City **ORLANDO** **FL** Zip Code **32801**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *IMRE SZAFRICKS* **IMRE SZAFRICKS** *3/26/08* **3/26/08**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NEMEDI, MATIJA BRACE RADIC 12 SUBOTICA, SERBIA, SE 24000	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Add
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Add

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: *NEMEDI MATIJA* **NEMEDI MATIJA** *03 05 2008* **03 05 2008**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #