

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000122709

FILED
Jul 20, 2008
Secretary of State

Entity Name: TRANSEAUX AUTOMOTIVE, LLC.

Current Principal Place of Business:

4023 SAWYER RD.
BLDG 5 UNIT 197-198
SARASOTA, FL 34233 US

New Principal Place of Business:

Current Mailing Address:

4023 SAWYER RD.
BLDG 5 UNIT 197-198
SARASOTA, FL 34233 US

New Mailing Address:

FEI Number: 26-1545433 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

TRANSEAUX, AMY
4023 SAWYER RD.
BLDG 5 UNIT 197-198
SARASOTA, FL 34233 US

Name and Address of New Registered Agent:

TRANSEAUX, AMY L MGR
4023 SAWYER RD.
BLDG 5 UNIT 197-198
SARASOTA, FL 34233 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: AMY TRANSEAUX

07/20/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: TRANSEAUX, AMY
Address: 4023 SAWYER RD. BLDG 5 UNIT 197-198
City-St-Zip: SARASOTA, FL 34232 US

Title: MGRM () Delete
Name: TRANSEAUX, JAMES
Address: 4023 SAWYER RD. BLDG 5 UNIT 197-198
City-St-Zip: SARASOTA, FL 34232 US

ADDITIONS/CHANGES:

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: AMY TRANSEAUX

MGR

07/20/2008

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