

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000012132

**FILED**  
**Apr 29, 2010**  
**Secretary of State**

**Entity Name:** C-SQUARED TRANSPORATION, LLC

**Current Principal Place of Business:**

1551 WEST 9TH STREET  
RIVIERA BEACH, FL 33404

**New Principal Place of Business:**

**Current Mailing Address:**

1551 WEST 9TH STREET  
RIVIERA BEACH, FL 33404

**New Mailing Address:**

**FEI Number:** 71-1051708

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

THOMAS, CEDRICK A MGR  
1551 WEST 9TH ST.  
RIVIERA BEACH, FL 33404 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  
**Name:** THOMAS, TAMIKA  
**Address:** 1551 WEST 9TH STREET  
**City-St-Zip:** RIVIERA BEACH, FL 33404

**Title:** PRES  
**Name:** THOMAS, CEDRICK A PRES  
**Address:** 1551 WEST 9TH STREET  
**City-St-Zip:** RIVIERA BEACH, FL 33404

I hereby 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: TAMIKA THOMAS

MGR

04/29/2010

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