

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000032553

FILED
Apr 20, 2009
Secretary of State

Entity Name: EAST COAST TRANSPORTATION COMPANY OF NORTH FLORIDA, LLC

Current Principal Place of Business:

11315 ST. JOHNS INDUSTRIAL PARKWAY NORTH
JACKSONVILLE, FL 32246

New Principal Place of Business:

11190 ST. JOHNS INDUSTRIAL PARKWAY NORTH
JACKSONVILLE, FL 32246

Current Mailing Address:

11315 ST. JOHNS INDUSTRIAL PARKWAY NORTH
JACKSONVILLE, FL 32246

New Mailing Address:

11190 ST. JOHNS INDUSTRIAL PARKWAY NORTH
JACKSONVILLE, FL 32246

FEI Number: 26-2361929

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JAMES A. NOLAN, P.A.
4114 HERSCHEL ST
STE 105
JACKSONVILLE, FL 32210 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: MGRM () Delete
Name: SOBOL, ROBERT M
Address: 209 WEST SILVERTHORN LANE
City-St-Zip: PONTE VEDRA, FL 32081

Title: MGRM () Delete
Name: FRANKS, CHARLES G
Address: 59 TALLWOOD ROAD
City-St-Zip: JACKSONVILLE BEACH, FL 32250

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: ROBERT M SOBOL

MGRM

04/20/2009

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