

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000095199

FILED  
Jul 06, 2009  
Secretary of State

Entity Name: HUNTRANS LLC

**Current Principal Place of Business:**

1010 VILLAGIO CIRCLE  
207  
SARASOTA, FL 34237 US

**New Principal Place of Business:**

**Current Mailing Address:**

1010 VILLAGIO CIRCLE  
207  
SARASOTA, FL 34237 US

**New Mailing Address:**

128 E. WELWOOD DRIVE  
SAVANNAH, GA 31419 US

FEI Number: 51-0671906      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:**

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

ELES, LASZLO  
1010 VILLAGIO CIRCLE  
207  
SARASOTA, FL 34237 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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Delete  
Name: ELES, LASZLO  
Address: 1010 VILLAGIO CIRCLE #207  
City-St-Zip: SARASOTA, FL 34237 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM ( ) Delete  
Name: ELES, TUNDE  
Address: 1010 VILLAGIO CIRCLE #207  
City-St-Zip: SARASOTA, FL 34237 US

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: TUNDE ELES

MGRM

07/06/2009

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