

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000106963

FILED
Mar 28, 2009
Secretary of State

Entity Name: MARTIN TRANSPORT SERVICES, LLC

Current Principal Place of Business:

1219 HOWELL CREEK DRIVE
WINTER SPRINGS, FL 32708

New Principal Place of Business:

1875 NORTH DIVISION ST
OVIEDO, FL 32765

Current Mailing Address:

P.O. BOX 622769
OVIEDO, FL 32765

New Mailing Address:

P.O. BOX 622769
OVIEDO, FL 32762

FEI Number: 26-3741366

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARTIN, GEORGE W
1219 HOWELL CREEK DRIVE
WINTER SPRINGS, FL 32708 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 () Delete
Name: MARTIN, GEORGE W
Address: 1219 HOWELL CREEK DRIVE
City-St-Zip: WINTER SPRINGS, FL 32708

Title: MGR () Delete
Name: MARTIN, PAULA J
Address: 1219 HOWELL CREEK DRIVE
City-St-Zip: WINTER SPRINGS, FL 32708

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MARTIN, GEORGE W
Address: 1219 HOWELL CREEK DRIVE
City-St-Zip: WINTER SPRINGS, FL 32708

Title: MGRM (X) Change () Addition
Name: MARTIN, PAULA J
Address: 1219 HOWELL CREEK DRIVE
City-St-Zip: WINTER SPRINGS, FL 32708

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: GEORGE W. MARTIN

MGRM

03/28/2009

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