

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000027058

**FILED**  
**Mar 15, 2011**  
**Secretary of State**

**Entity Name:** DEALER TRANSPORT SERVICES, LLC

**Current Principal Place of Business:**

2209 COLLIER PARKWAY  
# 296  
LAND O LAKES, FL 34639 US

**New Principal Place of Business:**

**Current Mailing Address:**

2209 COLLIER PARKWAY  
296  
LAND O LAKES, FL 34639 US

**New Mailing Address:**

**FEI Number:** 26-4315809      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

ROBBINS, BARRETT  
16825 IVY LAKE DRIVE  
ODESSA, FL 33556 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:** ROBBINS, BARRETT  
**Address:** 16825 IVY LAKE DRIVE  
**City-St-Zip:** ODESSA, FL 33556 US

**Title:** MGRM  
**Name:** ROBBINS, ANGELA  
**Address:** 16825 IVY LAKE DRIVE  
**City-St-Zip:** ODESSA, FL 33556 US

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:** ANGELA ROBBINS

MGRM

03/15/2011

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