

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000037586

**FILED**  
**May 01, 2010**  
**Secretary of State**

**Entity Name:** ISLA BUS AND TRUCK SERVICE, LLC

**Current Principal Place of Business:**

9453 S. ORANGE AVE.  
ORLANDO, FL 32824

**New Principal Place of Business:**

800 THORPE RD.  
ORLANDO, FL 32824

**Current Mailing Address:**

P.O. BOX 592808  
ORLANDO, FL 327592808 US

**New Mailing Address:**

PO BOX 592808  
ORLANDO, FL 32859

**FEI Number:** 28-4697314      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
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:**

ACEVEDO, ISRAEL  
6206 CASTELVEN DRIVE  
APT. #102  
ORLANDO, FL 32835 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:**

**Title:** MGR  
**Name:** ACEVEDO, ISRAEL  
**Address:** 6206 CASTELVEN DRIVE APT. #102  
**City-St-Zip:** ORLANDO, FL 32835

**Title:** MGRM  
**Name:** ACEVEDO, RICARDO  
**Address:** 2415 S. PARKVIEW AVENUE  
**City-St-Zip:** ORANGE CITY, FL 32763

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: ISRAEL ACEVEDO

MGR

05/01/2010

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