

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000103043

FILED
Jan 25, 2010
Secretary of State

Entity Name: CFUS TRANSPORTATION, LLC

Current Principal Place of Business:

1901 SE 18TH AVE
BLDG 300
OCALA, FL 34472

New Principal Place of Business:

Current Mailing Address:

1901 SE 18TH AVE
BLDG 300
OCALA, FL 34472

New Mailing Address:

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

Name and Address of Current Registered Agent:

TAUB, HARVEY C M.D.
1901 SE 18TH AVE
BLDG 300
OCALA, FL 34472 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: DR
Name: TAUB, HARVEY C
Address: 1711 SE 34TH LANE
City-St-Zip: OCALA, FL 34471

Title: DR.
Name: JO, PAUL D
Address: 750 SW 63RD STREET ROAD
City-St-Zip: OCALA, FL 34471

Title: DR.
Name: DESAI, PARESH G
Address: 507 NW 9TH AVE,
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: DR.
Name: KING, EDWARD D
Address: 2713 SE 22ND AVE.
City-St-Zip: OCALA,, FL 34471

Title: DR
Name: BRUNETTI, DAVID R
Address: 1022 SHORE ACRES DRIVE
City-St-Zip: LEESBURG,, FL 34748

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: HARVEY C. TAUB

DR.

01/25/2010

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