

LIMITED LIABILITY COMPANY ANNUAL REPORT

For Office Use Only

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DIVISION OF CORPORATIONS

11 JUN -1 PM 3:33



DOCUMENT # **L10000103297**

1. Entity Name

SONNY TRANSPORT LLC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business - No P.O. Box #

ORLANDO, FL

3. Mailing Address

5326 TWINE ST.

Suite, Apt. #, ect.

5326 TWINE ST.

Suite, Apt. #, ect.

City & State

ORLANDO, FL

City & State

ORLANDO, FL

Zip

32821

Country

USA

Zip

32821

Country

USA

4. FEI Number

27-5360580

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6.

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7. Name and Address of Current Registered Agent

Name

AJUE M. DAVID

Street Address (P.O. Box Number is Not Acceptable)

5326 TWINE ST.

City

ORLANDO

FL

Zip Code

32821

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Ajue

Signature of person or printed name of registered agent and title if applicable

05/23/2011

DATE

January 1 - May 1, Fee is \$138.75

After May 1, Fee is \$538.75

Amended AR is \$50.00

Make Check Payable to Florida Department of State

E-mail Address:

AJUE - DAVID@YAHOO.COM

To be used for future annual report notices

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PRESIDENT
AJUE M. DAVID
5326 TWINE STREET
ORLANDO, FL 32821**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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10.

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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. The information on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Ajue

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone#

05/23/11

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