



# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2012 MAY 31 PM 1:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|  |  |   |  |  |  |
|--|--|---|--|--|--|
| DOCUMENT # L11000055044  |  |   |  |   |  |
| 1. Entity Name<br>KENNETH ALTY TOTAL TRANSPORT LLC   |  |   |  |  |  |
| Principal Place of Business<br>307 FLAGLER AVENUE<br>EDGEWATER, FL 32132   |  |   | Mailing Address<br>307 FLAGLER AVENUE<br>EDGEWATER, FL 32132 |  |  |
| 2. Principal Place of Business - No P.O. Box #<br>307 Flagler Ave.<br>Suite, Apt. #, etc.  |  | 3. Mailing Address<br>307 Flagler Ave.<br>Suite, Apt. #, etc. |  |    |  |
| City & State<br>Edgewater FL   |  | City & State<br>Edgewater FL                                  |  | 4. FEI Number<br>05152012 Chg-LLC CR2E083 (12/11)  |  |
| Zip<br>32132   |  | Country   |  | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required   |  |
| 6. Name and Address of Current Registered Agent<br>ALTY, KENNETH<br>307 FLAGLER AVENUE<br>EDGEWATER, FL 32132  |  |   |  | 7. Name and Address of New Registered Agent<br>Name Kenneth ALTY<br>Street Address (P.O. Box Number is Not Acceptable)<br>307 Flagler Ave.<br>City Edgewater FL Zip Code 32132 |  |
| 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.<br>SIGNATURE <i>Ken Alty</i> 5/24/12<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>   |  |   |  |  |  |
| FILE NOW!!! FEE IS \$538.75<br>Due by September 28, 2012   |  |   |  | Make check payable to<br>Florida Department of State   |  |
| 9. MANAGING MEMBERS/MANAGERS   |  |   | 10. ADDITIONS/CHANGES  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | MGRM<br>ALTY, KENNETH<br>307 FLAGLER AVENUE<br>EDGEWATER, FL 32132 | <input type="checkbox"/> Delete                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP           | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |  | <input type="checkbox"/> Delete                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP           | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>900235916899<br>06/05/12--01010--033 ***138.75  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |  | <input type="checkbox"/> Delete                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP           | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |  | <input type="checkbox"/> Delete                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP           | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |  | <input type="checkbox"/> Delete                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP           | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |  | <input type="checkbox"/> Delete                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP           | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| 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. |  |   |  |  |  |
| SIGNATURE: _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DATE E-MAIL ADDRESS</small>   |  |   |  |  |  |