

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 26, 2004 08:00 AM
Secretary of State

DOCUMENT # L99000002609

1. Entity Name
MID-FLORIDA TRANSPORTATION, L.L.C.



Principal Place of Business
9025 N. ATLANTIC AVENUE
CAPE CANAVERAL, FL 32920

Mailing Address
P.O. BOX 572
CAPE CANAVERAL, FL 32920

DO NOT WRITE IN THIS SPACE



01052004No Chg-LLC

CR2E083 (10/03)

4. FEI Number
59-3573203

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEE, PATRICK
9025 N. ATLANTIC AVENUE
CAPE CANAVERAL, FL 32920

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

11110000067594
02/27/04-80006-003 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
LEE, PATRICK
9012 HERRING STREET
CAPE CANAVERAL, FL 32920

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 609, Florida Statutes.

SIGNATURE:

Rhonda Lee

Rhonda Lee

2/24/04

321-783-9623

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

Date

Daytime Phone #