

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 14, 2005 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



01042005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

**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, 2005**

**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

**TITLE**  
NAME  
STREET ADDRESS  
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CITY - ST - ZIP

000000263281  
03/14/05-80030-007 50.00

**DO NOT WRITE  
IN THIS SPACE**

**11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**

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

3/10/05

Date

321 783 9623

Daytime Phone #