

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0007917

DOCUMENT # M02000000254

1. Entity Name  
GREYHOUND XPRESS DELIVERY, L.L.C.



FILED

2003 NOV 12 PM 12:09

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

Principal Place of Business

15110 NORTH DALLAS PKWY., STE. 600  
DALLAS TX 75248

Mailing Address

15110 NORTH DALLAS PKWY., STE. 600  
DALLAS TX 75248

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

75-2934123

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

Name

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

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State  
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LENTZSCH, CRAIG R 15110 NORTH DALLAS PKWY., STE. 600 DALLAS TX 75248	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HAUGSLAND, JACK W 15110 NORTH DALLAS PKWY., STE. 600 DALLAS TX 75248	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SANDERS, JEFFREY W 15110 NORTH DALLAS PKWY., STE. 600 DALLAS TX 75248	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS 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 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 608, Florida Statutes.

SIGNATURE: JEFFREY W SANDERS SR VP/CFO 4-7-03 972-789-7020  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)



**Greyhound Lines, Inc.**

P.O. Box 660362 • Dallas, TX 75266-0362

November 5, 2003

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2003 NOV 12 PM 12:09

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

Secretary of State  
State of Florida  
Division of Corporations  
PO Box 6327  
Tallahassee FL 32314

RE: Document # M02000000254

Dear Sir or Madam:

This letter is to inform your office we never received the rejected Uniform Business Report that was mailed back to Greyhound Xpress Delivery, L.L.C. in April of 2003. Per my telephone conversation with your office I am enclosing a corrected copy of the Uniform Business Report that was originally filed with your office and a copy of the front and back of cancel check covering this return.

If I can be of further help I can be reached at 214-849-8248, Tax Dept, PO Box 660362, Dallas, Tx 75266-0362.

Yours truly,

*Kathy Memory*

Kathy Memory  
Tax Accountant  
Greyhound Xpress Delivery, L.L.C.