


FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90033 039 ****50.00

<p>DOCUMENT # M02000002053</p> <p>1. Entity Name</p> <p>D-A TRANSPORTATION COMPANY, LLC</p>	
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Principal Place of Business	Mailing Address
1725 SW 12TH AVENUE OCALA, FL 34474	1340 W. 29TH STREET INDIANAPOLIS, IN 46208

40070400



03292007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number	Applied For
35-2164182	Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
DONAHUE, WILLIAM J 1725 SW 12TH AVE OCALA, FL 34474

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its principal 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: No job title required when reinstating) _____ DATE _____

Filing Fee is \$50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PROTOGERE, MICHAEL 1340 W 29TH ST INDIANAPOLIS, IN 46208
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption indicated on this report is true and accurate and that my signature shall have the same effect as if I am the debtor, the debtor's sole proprietor, partner, officer, director, or sole shareholder, the limited liability company or the receiver or trustee empowered to execute this report.

obtained in Chapter 119, Florida Statutes. I further certify that the information
 legal as if made under oath; that I am a managing member or manager of the
 required by Chapter 608, Florida Statutes.

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

3/30/07 (317) 971-2124