


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 06, 2008 08:00 AM
Secretary of State

DOCUMENT # M07000001458 1. Entity Name ONEAL TRANSPORT, LLC	
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Principal Place of Business 4680 LIPSCOMB ST NE STE 5-E PALM BAY, FL 32905	Mailing Address 4680 LIPSCOMB ST NE STE 5-E PALM BAY, FL 32905
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DO NOT WRITE IN THIS SPACE



01282008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-5581892	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent WILLS, W RALPH 8950 ML KING ST NO STE 130 ST PETERSBURG, FL 33702

**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 Ralph W. Wills DATE 2.4.08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHAPMAN, JIMMY 4680 LIPSCOMB ST NE STE 5-E PALM BAY, FL 32905
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHAPMAN, TAMELA 4680 LIPSCOMB ST NE STE 5-E PALM BAY, FL 32905
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02/14/08-80078-023 138.75

**DO NOT WRITE
IN THIS SPACE**

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: Tamela H. Chapman DATE 2.4.08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #