LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 04, 2003 8:00 am
Secretary of State
03-28-2003 90005 013 ****50.00

DOCUMENT # M99000000748

1. Entity Name

THURNHERR TRANSPORT LLC

DO NOT WRITE IN THIS SPACE

44003284

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2. Principal Place of Business	3. Mailing Address
1848 NE 63rd St	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ocala FL	City & State
Zip: 34479-1722 Country: Marion	Zip Country

4. FEI Number — ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Patrick & Denise Thurnherr

Street Address (P.O. Box Number is Not Acceptable): 1848 NE 63rd St

City: Ocala FL Zip Code: 34479-1722

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: Patrick M Thurnherr Patrick M Thurnherr Owner 3-27-03
Signature, typed or printed name of registered agent and title if applicable. DATE

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE	manager - owner
NAME	Patrick M Thurnherr
STREET ADDRESS	1848 NE 63rd St
CITY-ST-ZIP	Ocala FL. 34479-1722
TITLE	manager
NAME	Denise Thurnherr
STREET ADDRESS	1848 NE 63rd St
CITY-ST-ZIP	Ocala FL 34479-1722

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CR2E083B (12/02)

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: Patrick M Thurnherr 6-2-03 326-804-5095
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #