

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90138 026 ***138.75

DOCUMENT # L05000014064

1. Entity Name
AM LOGISTICS, LLC



Principal Place of Business
22290 SW 162 AVENUE
GOULDS, FL 33170

Mailing Address
22290 SW 162 AVENUE
GOULDS, FL 33170

60019877



01152008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2368346

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SUAREZ, ALBERTO J
22290 SW 162 AVENUE
MIAMI, FL 33170

**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 _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME SMITH, JOSE I
STREET ADDRESS 22290 SW 162 AVENUE
CITY-ST-ZIP GOULDS, FL 33170

TITLE MGR
NAME COSTA, JOSE A III
STREET ADDRESS 22290 SW 162 AVENUE
CITY-ST-ZIP GOULDS, FL 33170

TITLE MGR
NAME SMITH, MARIA COSTA
STREET ADDRESS 22290 SW 162 AVENUE
CITY-ST-ZIP GOULDS, FL 33170

TITLE MGR
NAME SUAREZ, ALBERTO J
STREET ADDRESS 22290 SW 162 AVENUE
CITY-ST-ZIP MIAMI, FL 33170

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: _____

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

Alberto J. Suarez

1/21/08

Date

305-247-3248

Daytime Phone #