

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

**FILED
Oct 28, 2009
Secretary of State**

DOCUMENT# L05000031204

Entity Name: SIC LOGISTICS, LLC

Current Principal Place of Business:

2665 S BAYSHORE DRIVE
SUITE 906
COCONUT GROVE, FL 33133

New Principal Place of Business:

Current Mailing Address:

2665 S BAYSHORE DRIVE
SUITE 906
COCONUT GROVE, FL 33133

New Mailing Address:

FEI Number: 20-2578175 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GURIAN, JORGE
2665 S BAYSHORE DRIVE
SUITE 906
COCONUT GROVE, FL 33133 US

Name and Address of New Registered Agent:

GURIAN, JORGE L
2665 S BAYSHORE DRIVE
SUITE 906
COCONUT GROVE, FL 33133 US

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.

SIGNATURE: JORGE L. GURIAN 10/28/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: RODRIGUEZ, ALBERTO
Address: 2665 S BAYSHORE DRIVE, #906
City-St-Zip: COCONUT GROVE, FL 33133

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: FLOREZ, LILIANA M
Address: 2665 S BAYSHORE DRIVE, #906
City-St-Zip: COCONUT GROVE, FL 33133

Title: MGRM (X) Delete
Name: MORENO, JAIME
Address: 2665 S BAYSHORE DRIVE, #906
City-St-Zip: COCONUT GROVE, FL 33133

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LILIANA M FLOREZ MGRM 10/28/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date