2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2006
Secretary of State

DOCUMENT# L05000079387

Entity Name: TRADING & LOGISTIC 809, LLC

Current Principal Place of Business:

5900 SW 56 TERRACE
MIAMI, FL 33143

New Principal Place of Business:

Current Mailing Address:

5900 SW 56 TERRACE
MIAMI, FL 33143

New Mailing Address:

FEI Number: 20-3289025 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROBAYNA, MARIA
17600 COLLINS AVENUE
SUNNY ISLES, FL 33160 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	ARREAZA, MARISELA	
Address:	5900 SW 56 TERRACE	
City-St-Zip:	MIAMI, FL 33143	
Title:	MGRM	( ) Delete
Name:	CIFFONI, ZULAY	
Address:	5900 SW 56 TERRACE	
City-St-Zip:	MIAMI, FL 33143	
Title:	MGRM	( ) Delete
Name:	GITTO, VINCENT	
Address:	5900 SW 56 TERRACE	
City-St-Zip:	MIAMI, FL 33143	
Title:	MGR	( ) Delete
Name:	ARREAZA, JESUS ALFREDO	
Address:	5900 SW 56 TERRACE	
City-St-Zip:	MIAMI, FL 33143	
Title:	MGR	( ) Delete
Name:	RAURELL GOMEZ, GABRIELA	
Address:	5900 SW 56 TERRACE	
City-St-Zip:	MIAMI, FL 33143	
Title:	MGR	( ) Delete
Name:	FRANCOIS, FRANTZ	
Address:	5900 SW 56 TERRACE	
City-St-Zip:	MIAMI, FL 33143	

ADDITIONS/CHANGES:

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

I hereby certify that the information supplied with this filing does not qualify for the 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: ARREAZA, MARISELA MGRM 04/10/2006

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