

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000071850

**FILED**  
**Apr 23, 2012**  
**Secretary of State**

**Entity Name:** CUERVO TRANSPORT OF FLORIDA, LLC

**Current Principal Place of Business:**

5023 WHISPERING OAKS DR  
NORTH PORT, FL 34287

**New Principal Place of Business:**

2797 CARTHAGE ST  
NORTH PORT, FL 34286 UN

**Current Mailing Address:**

5023 WHISPERING OAKS DR  
NORTH PORT, FL 34287

**New Mailing Address:**

2797 CARTHAGE ST  
NORTH PORT, FL 34286 UN

**FEI Number:** 34-2063727

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CALZADO'S MULTI SERVICES  
3561 SYRACUSE ST  
PORT CHARLOTTE, FL 33952 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  
Name: CUERVO, LUIS E SR  
Address: 2797 CARTHAGE ST  
City-St-Zip: NORTH PORT, FL 34286 UN

I hereby 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: LUIS CUERVO

MGRM

04/23/2012

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