

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 22, 2005 08:00 AM
Secretary of State

DOCUMENT # M03000003871

1. Entity Name
BOND LOGISTIX LLC



Principal Place of Business
777 S FIGUEROA ST, STE 3200
LOS ANGELES, CA 90017

Mailing Address
777 S FIGUEROA ST, STE 3200
LOS ANGELES, CA 90017



01182005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
51-0404065

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**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's signature required when reinstating

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
CHIRLS, RICHARD
1209 ORANGE ST
WILMINGTON, DE 19801

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
SOBEL, LARRY
1209 ORANGE ST
WILMINGTON, DE 19801

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
DAVIS, ROGER
1209 ORANGE ST
WILMINGTON, DE 19801

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Larry D. Sobel, Partner

000000272605
03/22/05-80009-010 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

LARRY D. SOBEL, PARTNER 3/16/05 (213) 612-2421

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

Date

Daytime Phone #