

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000003368

FILED
Apr 25, 2009
Secretary of State

Entity Name: MIDWEST COAST LOGISTICS, LLC

Current Principal Place of Business:

502 E. BRIDGERS AVENUE
AUBURNDALE, FL 33823

New Principal Place of Business:

Current Mailing Address:

502 E. BRIDGERS AVENUE
AUBURNDALE, FL 33823

New Mailing Address:

PO DRAWER 67
AUBURNDALE, FL 33823

FEI Number: 20-3267411

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: MGR () Delete
Name: STANISZEWSKI, MATTHEW
Address: 502 E. BRIDGERS AVENUE
City-St-Zip: AUBURNDALE, FL 33823

Title: MGR () Delete
Name: FOX, ROBERT Y
Address: 502 E. BRIDGERS AVENUE
City-St-Zip: AUBURNDALE, FL 33823

Title: MGR () Delete
Name: STRAUGHN, RICHARD E
Address: 502 E. BRIDGERS AVENUE
City-St-Zip: AUBURNDALE, FL 33823

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:

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: RICHARD E STRAUGHN

MGR

04/25/2009

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