

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000053864

FILED
Apr 30, 2007
Secretary of State

Entity Name: CONSOLIDATED COURIER SYSTEMS, LLC

Current Principal Place of Business:

7333 MIAMI LAKES DRIVE
PMB 656
MIAMI LAKES, FL 330146997

New Principal Place of Business:

Current Mailing Address:

7333 MIAMI LAKES DRIVE
PMB 656
MIAMI LAKES, FL 330146997

New Mailing Address:

FEI Number: 80-0115057

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CULLEN, JOHN T
7411 MIAMI LAKES DRIVE
MIAMI LAKES, FL 33014 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: AVE INTERNATIONAL CA, RGO SYSTEM, IN C
Address: 601 94TH STREET
City-St-Zip: SURFSIDE, FL 33154

Title: MGR () Delete
Name: MLG DISTRIBUTION, IN, C.
Address: 7496 ROCKBRIDGE CIR
City-St-Zip: LAKE WORTH, FL 33467

Title: MGR () Delete
Name: TOTAL COURIER AND SH, IPPING, INC.
Address: 12840 SW 147TH STREET
City-St-Zip: MIAMI, FL 33186

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: MARCY GRAFTON

MGR

04/30/2007

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