

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000103441

**Entity Name:** LINER LOGISTICS, INC.

**Current Principal Place of Business:**

21102 STATE ROAD 44  
EUSTIS, FL 32736

**FILED**  
**Jan 15, 2014**  
**Secretary of State**  
**CC8977522527**

**Current Mailing Address:**

21102 STATE ROAD 44  
EUSTIS, FL 32736

**FEI Number: 46-1625006**

**Certificate of Status Desired: Yes**

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

LANGFORD, JAMES L  
21102 STATE ROAD 44  
EUSTIS, FL 32736 US

*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

**Officer/Director Detail :**

Title DIRECTOR AND PRESIDENT  
Name LANGFORD, JAMES L  
Address 21102 STATE ROAD 44  
City-State-Zip: EUSTIS FL 32736

Title DIRECTOR AND VICE PRESIDENT  
Name LANGFORD, JOAN K  
Address 21102 STATE ROAD 44  
City-State-Zip: EUSTIS FL 32736

Title VP  
Name SILVA, KAREN A  
Address 21102 STATE ROAD 44  
City-State-Zip: EUSTIS FL 32736

Title VP  
Name LANGFORD, RAQUEL K  
Address 21102 STATE ROAD 44  
City-State-Zip: EUSTIS FL 32736

Title SECRETARY  
Name LANGFORD, JOAN K  
Address 21102 STATE ROAD 44  
City-State-Zip: EUSTIS FL 32736

Title TREASURER  
Name LANGFORD, JOAN K  
Address 21102 STATE ROAD 44  
City-State-Zip: EUSTIS FL 32736

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: KAREN SILVA**

**VP**

**01/15/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date