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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and

SIGNATURE: AUGUSTIN, JUSTIN

Electronic Signature of Signing Authorized Person(s) Detail

Authorized Person(s) Detail : Title MGR Title MGRM Name AUGUSTIN, JUSTIN Name AUGUSTIN, JACCEL 6132 NW DURIAN STREET Address Address City-State-Zip: PORT SAINT LUCIE FL 34986 City-State-Zip:

Title MGRM AUGUSTIN, LEONEST Name Address 6132 NW DURIAN STREET

City-State-Zip: PORT SAINT LUCIE FL 34982

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000109769

Entity Name: AGS TRUCKING & TOWING, LLC

Current Principal Place of Business:

6132 NW DURIAN STREET PORT SAINT LUCIE. FL 34986

Current Mailing Address:

6132 NW DURIAN STREET PORT SAINT LUCIE. FL 34986

FEI Number: 90-0785708

Name and Address of Current Registered Agent:

AUGUSTIN, JUSTIN 2701 NE 1ST STREET BOYTON BEACH, FL 33435 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 6132 NW DURIAN STREET PORT SAINT LUCIE FL 34986

that my name appears above, or on an attachment with all other like empowered.

07/09/2014

Date

FILED Jul 09, 2014 Secretary of State CC5177054156

Date

Certificate of Status Desired: No

MGR