# 2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000142969

Entity Name: TRANSFLETE 2009 INVESTMENT, LLC

#### Current Principal Place of Business:

6700 CONROY RD #110 ORLANDO, FL 32835

## **Current Mailing Address:**

6700 CONROY RD #110 ORLANDO, FL 32835 US

### FEI Number: 81-3640147

# Name and Address of Current Registered Agent:

FELIZOLA, VIRGINIA 6700 CONROY RD #110 ORLANDO, FL 32835 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                     | E: VIRGINIA FELIZOLA                       |                 |                      | 03/07/2018 |
|-------------------------------|--|-----------------|----------------------|------------|
|                               | Electronic Signature of Registered Agent   |                 |                      | Date       |
| Authorized Person(s) Detail : |  |                 |                      |            |
| Title                         | MGRM                                       | Title           | MGRM                 |            |
| Name                          | ASOCIACION COOPERATIVA                     | Name            | FELIZOLA, VIRGINIA M |            |
| Address                       | TRANSFLETE 2009 RL<br>6700 CONROY RD # 110 | Address         | 6700 CONROY RD #110  |            |
| City-State-Zip:               |  | City-State-Zip: | ORLANDO FL 32835     |            |
| Title                         | MGRM                                       |                 |                      |            |
| Name                          | GUILLEN, EDUARDO E                         |                 |                      |            |
| Address                       | 6700 CONROY RD #110                        |                 |                      |            |
| City-State-Zip:               | ORLANDO FL 32835                           |                 |                      |            |

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

SIGNATURE: VIRGINIA FELIZOLA

MGRM

Electronic Signature of Signing Authorized Person(s) Detail

FILED Mar 07, 2018 Secretary of State CC5788212618

Certificate of Status Desired: No