62 YORK CT KISSIMMEE, F	EL 34758			
Current Mai	iling Address:			
62 YORK C KISSIMMEE	T ., FL 34758			
FEI Number: 00-0000000			Certificate of Status Desired: Yes	
Name and A	Address of Current Registered Ager	nt:		
VARGAS, OMA 62 YORK CT KISSIMMEE, F				
The above name				
The above name	d entity submits this statement for the purpose of char	nging its registered office or regis	tered agent, or both, in the State of	Florida.
	d entity submits this statement for the purpose of char E: OMARVARGAS	nging its registered office or regis	tered agent, or both, in the State of	Florida. 05/22/2018
		nging its registered office or regis	tered agent, or both, in the State of	
SIGNATUR	E: OMARVARGAS	nging its registered office or regis	tered agent, or both, in the State of	05/22/2018
SIGNATUR	E: OMARVARGAS Electronic Signature of Registered Agent	nging its registered office or regis	tered agent, or both, in the State of	05/22/2018
SIGNATURE Authorized	E: OMARVARGAS Electronic Signature of Registered Agent Person(s) Detail :			05/22/2018
SIGNATURE Authorized	E: OMARVARGAS Electronic Signature of Registered Agent Person(s) Detail : MGR	Title	MANAGER	05/22/2018
SIGNATURE Authorized Title Name	E: OMARVARGAS Electronic Signature of Registered Agent Person(s) Detail : MGR VARGAS , OMAR 62 YORK CT	Title Name	MANAGER MELENDEZ , VANESSA 225 BECKENHAM DR	05/22/2018
SIGNATURE Authorized Title Name Address	E: OMARVARGAS Electronic Signature of Registered Agent Person(s) Detail : MGR VARGAS , OMAR 62 YORK CT	Title Name Address	MANAGER MELENDEZ , VANESSA 225 BECKENHAM DR	05/22/2018
SIGNATURE Authorized Title Name Address	E: OMARVARGAS Electronic Signature of Registered Agent Person(s) Detail : MGR VARGAS , OMAR 62 YORK CT	Title Name Address	MANAGER MELENDEZ , VANESSA 225 BECKENHAM DR	05/22/2018

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: OMAR VARGAS

COMPANY AGENT

05/22/2018

Electronic Signature of Signing Authorized Person(s) Detail

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000257290

Entity Name: BULLETPROOF TRUCKING LLC

Current Principal Place of Business:

FILED May 22, 2018 Secretary of State CC3025527446