KISSIMMEE, F	L 34758			
Current Mai	ling Address:			
62 YORK CI KISSIMMEE				
FEI Number: 00-0000000			Certificate of Status Desired: No	
Name and A	Address of Current Registered Agent:			
VARGAS, OMA 62 YORK CT KISSIMMEE, FI				
The above named	d entity submits this statement for the purpose of changi	ng its registered office or regis	tered agent, or both, in the State of	Florida.
SIGNATURE	CMARVARGAS			04/27/2019
SIGNATURE	E: OMARVARGAS Electronic Signature of Registered Agent			
				04/27/2019
	Electronic Signature of Registered Agent	Title	MANAGER	04/27/2019
Authorized	Electronic Signature of Registered Agent Person(s) Detail:	Title Name	MANAGER MELENDEZ , VANESSA	04/27/2019
Authorized	Electronic Signature of Registered Agent Person(s) Detail : MGR		-	04/27/2019
<b>Authorized</b> Title Name	Electronic Signature of Registered Agent <b>Person(s) Detail :</b> MGR VARGAS , OMAR 62 YORK CT	Name	MELENDEZ , VANESSA 225 BECKENHAM DR	04/27/2019
<b>Authorized</b> Title Name Address	Electronic Signature of Registered Agent <b>Person(s) Detail :</b> MGR VARGAS , OMAR 62 YORK CT	Name Address	MELENDEZ , VANESSA 225 BECKENHAM DR	04/27/2019
<b>Authorized</b> Title Name Address	Electronic Signature of Registered Agent <b>Person(s) Detail :</b> MGR VARGAS , OMAR 62 YORK CT	Name Address	MELENDEZ , VANESSA 225 BECKENHAM DR	04/27/2019

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

## 04/27/2019

FILED Apr 27, 2019

Secretary of State

6978117548CC

## 2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000257290

Entity Name: BULLETPROOF TRUCKING LLC

## **Current Principal Place of Business:**

AGENT

Electronic Signature of Signing Authorized Person(s) Detail

Date