	ling Address:			
62 YORK CT KISSIMMEE,				
FEI Number: 00-0000000			Certificate of Status Desired: No	
Name and A	ddress of Current Registered Ager	nt:		
VARGAS, OMAF 62 YORK CT KISSIMMEE, FL				
62 YORK CT KISSIMMEE, FL		nging its registered office or regis	tered agent, or both, in the State of F	Florida.
62 YORK CT KISSIMMEE, FL The above named	. 34758 US	nging its registered office or regis	tered agent, or both, in the State of F	<sup>-lorida.</sup> 06/29/202
62 YORK CT KISSIMMEE, FL The above named	. 34758 US entity submits this statement for the purpose of char	nging its registered office or regis	tered agent, or both, in the State of F	
62 YORK CT KISSIMMEE, FL The above named SIGNATURE	entity submits this statement for the purpose of char OMARVARGAS	nging its registered office or regis	tered agent, or both, in the State of F	06/29/202
62 YORK CT KISSIMMEE, FL The above named SIGNATURE	34758 US entity submits this statement for the purpose of char COMARVARGAS Electronic Signature of Registered Agent	nging its registered office or regist	tered agent, or both, in the State of F	06/29/202
62 YORK CT KISSIMMEE, FL <i>The above named</i> SIGNATURE Authorized F	34758 US entity submits this statement for the purpose of chain OMARVARGAS Electronic Signature of Registered Agent Person(s) Detail :			06/29/202
62 YORK CT KISSIMMEE, FL The above named SIGNATURE Authorized F Title	34758 US entity submits this statement for the purpose of char COMARVARGAS Electronic Signature of Registered Agent Person(s) Detail : MGR	Title	MANAGER	06/29/202

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

MGR

06/29/2020

Electronic Signature of Signing Authorized Person(s) Detail

## 2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000257290

Entity Name: BULLETPROOF TRUCKING LLC

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

FILED Jun 29, 2020

**Secretary of State** 

8630493730CC

Date