62 YORK CT				
KISSIMMEE, F	L 34758			
Current Mai	ling Address:			
62 YORK C <sup>-</sup> KISSIMMEE	Г , FL 34758			
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 shove name				
The above name	d entity submits this statement for the purpose of changing its regi	stered office or regis	tered agent, or both, in the State of Flo	rida.
	d entity submits this statement for the purpose of changing its regis E: OMARVARGAS	stered office or regis	tered agent, or both, in the State of Flo	<sup>rida.</sup> 02/01/2024
		stered office or regis	tered agent, or both, in the State of Flo	
SIGNATURE	E: OMARVARGAS	stered office or regis	tered agent, or both, in the State of Flo	02/01/2024
SIGNATURE	E: OMARVARGAS Electronic Signature of Registered Agent	stered office or regis	tered agent, or both, in the State of Flo MANAGER	02/01/2024
SIGNATURE Authorized	OMARVARGAS     Electronic Signature of Registered Agent  Person(s) Detail :			02/01/2024
SIGNATURE Authorized	E: OMARVARGAS Electronic Signature of Registered Agent Person(s) Detail : MGR	Title	MANAGER	02/01/2024
SIGNATURE Authorized Title Name	E: OMARVARGAS Electronic Signature of Registered Agent Person(s) Detail : MGR VARGAS , OMAR 62 YORK CT	Title Name	MANAGER VARGAS SOTO , PEDRO SR. 62 YORK CT	02/01/2024
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 VARGAS SOTO , PEDRO SR. 62 YORK CT	02/01/2024
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 VARGAS SOTO , PEDRO SR. 62 YORK CT	02/01/2024
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 VARGAS SOTO , PEDRO SR. 62 YORK CT	02/01/2024

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000257290

Entity Name: BULLETPROOF TRUCKING LLC

**Current Principal Place of Business:** 

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

Electronic Signature of Signing Authorized Person(s) Detail

FILED Feb 01, 2024

**Secretary of State** 

5159718194CC