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; au that my name appears above, or on an attachment with all other like empowered.		
SIGNATURE: OMAR VARGAS	OWNER	05/11/2022

re of Registered Agent 2

62 YORK CT

SIGNATURE: OMAR VARGAS

City-State-Zip: KISSIMMEE FL 34758

	Electronic Signatu	JI
Authorized Pe	erson(s) Detail	
Title M	/IGR	

VARGAS, OMAR Name

SIGNATURE: OMARVARGAS

KISSIMMEE, F

62 YORK CT KISSIMMEE, FL 34758

Current Mailing Address:

DOCUMENT# L17000257290

Name and Address of Current Registered Agent:

Entity Name: BULLETPROOF TRUCKING LLC

Current Principal Place of Business:

FEI Number: 00-000000

VARGAS, OMAR 62 YORK CT

Address

62 YORK CT

KISSIMMEE, FL 34758

The above name red office or registered agent, or both, in the State of Florida.

EL 34758 US
ed entity submits this statement for the purpose of changing its registe

FILED May 11, 2022 Secretary of State 3707971591CC

Certificate of Status Desired: No

05/11/2022 Date

Date

Electronic Signature of Signing Authorized Person(s) Detail

OWNER