

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 01, 2008 8:00 am**  
**Secretary of State**

02-01-2008 90044 022 \*\*\*138.75

**DOCUMENT # L00000005266**

1. Entity Name  
**TAN CARGO SERVICES, LLC**



Principal Place of Business

**7215 NW 41 ST  
BAY E  
MIAMI, FL 33166**

Mailing Address

**7215 NW 41 ST  
BAY E  
MIAMI, FL 33166**

**60005355**



**DO NOT WRITE IN THIS SPACE**

01052008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number  
**65-1007378**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**DEVINE GOODMAN & WELLS, P.A.  
7215 NW 41ST BAY-E  
MIAMI, FL 33131**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

9. **MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**MGR  
TORUNO, EDGARD  
7215 NORTHWEST 41ST STREET, BAY E  
MIAMI, FL 33166**

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
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TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

**SIGNATURE:**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE**

Date

Daytime Phone #

**01/27/08 305-490-9730**