

2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED

2007 APR -5 AM 9:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03212007 Chg-LLC CR2E083 (12/06)

4. FEI Number 65-1039643 Applied For Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

DOCUMENT # L00000010757

1. Entity Name
AMERICAN CONNECTION MOVING, L.L.C.



Principal Place of Business
1720 NE 205TH TERRACE
NORTH MIAMI, FL 33179

Mailing Address
1720 NE 205TH TERRACE
NORTH MIAMI, FL 33179

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

TRULLENQUE, ANTHONY L
7098 BONITA DRIVE
MIAMI BEACH, FL 33141

7. Name and Address of New Registered Agent

Name
ENRIQUE BECERRA
Street Address (P.O. Box Number is Not Acceptable)
1720 N.E. 205TH TERRACE
City
NORTH MIAMI FL Zip Code
33179

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 03-21-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is \$50.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
MGR
BECERRA, ENRIQUE
STREET ADDRESS
1100 NE 176TH STREET
CITY-ST-ZIP
NORTH MIAMI BEACH, FL 33162 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
300096512713
04/11/07--01043--007 **50.00 ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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: MANAGER 03-21-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #