

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 27, 2001 08:00 AM****Secretary of State****DOCUMENT # L00000010994**1. Entity Name
DIGITAL LOGISTIX, L.L.C.

Principal Place of Business 4931 S.W. 75TH AVENUE MIAMI FL 33156	Mailing Address 4931 S.W. 75TH AVENUE MIAMI FL 33156
--	--

2. Principal Place of Business 4931 S.W. 75TH AVENUE	3. Mailing Address 4931 S.W. 75TH AVENUE
---	---

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

City & State MIAMI FL	City & State MIAMI FL
--------------------------	--------------------------

Zip 331554440	Country US	Zip 331554440	Country US
------------------	---------------	------------------	---------------

4. FEI Number	Applied For ☒ Not Applicable
---------------	---

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent DYER CLIFFORD J 8600 SW 58TH STREET MIAMI FL 33156 US	7. Name and Address of New Registered Agent Name DYER CLIFFORD J Street Address (P.O. Box Number is Not Acceptable) 8600 SW 58TH STREET City MIAMI FL Zip Code 33143
--	---

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.

SIGNATURE **CLIFFORD J DYER****04/27/2001**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DYER PATRICK J 8600 SW 58TH ST MIAMI FL 33143 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: PATRICK DYER

MGR

04/27/2001

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

Date

Daytime Phone #

CR2E083 (11/00)