

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 22, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L00000013932**

1. Entity Name  
**BLACK HAWK LOGISTICS, L.L.C.**



Principal Place of Business  
**3389 N.W. 97 AVENUE  
MIAMI, FL 33178**

Mailing Address  
**3389 N.W. 97 AVENUE  
MIAMI, FL 33178**



04192005 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-1055624**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**SANCHEZ, SERGIO  
3389 N.W. 97 AVENUE  
MIAMI, FL 33178**

**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

**Filing Fee is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	SANCHEZ, SERGIO
STREET ADDRESS	3389 N.W. 97 AVENUE
CITY-ST-ZIP	MIAMI, FL 33178
TITLE	MGRM
NAME	REY, PABLO
STREET ADDRESS	3389 N.W. 97 AVENUE
CITY-ST-ZIP	MIAMI, FL 33178
TITLE	MGRM
NAME	SANCHEZ, WILLIAM
STREET ADDRESS	3389 N.W. 97 AVENUE
CITY-ST-ZIP	MIAMI, FL 33178
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000324013  
04/22/05-80076-012 50.00

**DO NOT WRITE  
IN THIS SPACE**

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

**4-20-05 305436-9220**

Date

Daytime Phone #