Amended

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

07-02-2002 90817 003 *****55.00
L00000015340

FILED
2002 AUG 27 AM 10:24
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
969668

DOCUMENT # L00000015340

1. Entity Name
Flores Boys Trucking, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
401 N. SR 29	PO Box 2727
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Felda FL	City & State: LaBelle FL
Zip: 33930 Country: USA	Zip: 33930 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-106210 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Juan Gonzales Flores

Street Address (P.O. Box Number is Not Acceptable): 401 SR 29N

City: Felda FL Zip Code: 33930

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

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President / Director Juan Gonzales Flores 401 SR 29N Felda, FL 33930	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary / Treasurer / Director Juan Pablo Flores 401 SR 29N Felda, FL 33930	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Jose Flores 401 SR 29N Felda, FL 33930	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**DO NOT WRITE**
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Refugio Flores 401 SR 29N Felda, FL 33930	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**IN THIS SPACE**
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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CR2E083B (12/01)

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: _____ Juan Pablo Flores 6/20/02 863-625-9355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #