FILED
May 05, 2003 8:00 am
Secretary of State
04-21-2003 90407 027 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

4/2

DOCUMENT # L01000014441

1. Entity Name
K2 LOGISTICS AGENCIES, LLC

Principal Place of Business	Mailing Address
1111 RITZ CARLTON BLVD SUITE 1108 SARASOTA FL 34236	1111 RITZ CARLTON BLVD SUITE 1108 SARASOTA FL 34236

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
2 No. Tamiami Trail		2 No. Tamiami Trail	
Suite, Apt. #, etc.: 302		Suite, Apt. #, etc.: 302	
City & State: Sarasota FL		City & State: Sarasota FL	
Zip: 34236	Country: USA	Zip: 34236	Country: USA

4. FEI Number ~~APPLIED FOR~~ 36-4475829 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM WALHOF, CHRISTIAAN G 1111 RITZ CARLTON BLVD SUITE 1108 SARASOTA FL 34236 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM von Walhoff Christiaan G. 1111 Ritz Carlton Drive 1204 Sarasota FL 34236 ☒ 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
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CR2E083 (10/02)

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: [signature] Christiaan G von Walhoff 4/15/03 (941) 906 7337
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #