

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000019974

FILED
Apr 17, 2009
Secretary of State

Entity Name: AMERICAN PETROLEUM OF NORTH MIAMI LLC

Current Principal Place of Business:

1650 NW 87 AVENUE
MIAMI, FL 33172

New Principal Place of Business:

1650 NW 87 AVENUE
DORAL, FL 33172

Current Mailing Address:

1650 NW 87 AVENUE
MIAMI, FL 33172

New Mailing Address:

1650 NW 87 AVENUE
DORAL, FL 33172

FEI Number: 65-1139009

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRED RAMIREZ, P.A.
1650 NW 87 AVENUE
MIAMI, FL 33172 US

Name and Address of New Registered Agent:

RAMIREZ, FRED ESQ
1650 NW 87 AVENUE
DORAL, FL 33172 US

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: FRED RAMIREZ

04/17/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SUNSHINE GASOLINE DISTRIBUTORS, INC.
Address: 1650 NW 87 AVENUE
City-St-Zip: MIAMI, FL 33172

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SUNSHINE GASOLINE DISTRIBUTORS, INC.
Address: 1650 NW 87 AVENUE
City-St-Zip: DORAL, FL 33172

Title: SEC () Change (X) Addition
Name: REUS, SANDRA
Address: 1650 NW 87 AVENUE
City-St-Zip: DORAL, FL 33172

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SUNSHINE GASOLINE DISTRIBUTORS, INC

MGRM

04/17/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date