FILED
Mar 31, 2003 8:00 am
Secretary of State
03-31-2003 90809 007 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

30047542

DOCUMENT # L02000008291

1. Entity Name
TD EXPRESS, L.L.C.

Principal Place of Business	Mailing Address
8075 NW 7TH STREET, APT. #215 MIAMI, FL 33126	8075 NW 7TH STREET, APT. #215 MIAMI, FL 33126

2. Principal Place of Business	3. Mailing Address
10200 NW 25th St	10200 NW 25th St
Suite, Apt. #, etc. 207	Suite, Apt. #, etc. 207
City & State MIAMI, FL	City & State MIAMI, FL.
Zip 33172 Country MIAMI-DADE	Zip 33172 Country MIAMI-DADE

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 04-3673273 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BAEZ, TOMAS D
8075 NW 7TH STREET, APT. #215
MIAMI, FL 33126

7. Name and Address of New Registered Agent

Name Rodolfo J. Suarez
Street Address (P.O. Box Number is Not Acceptable)
10200 NW 25th St #207
City MIAMI FL Zip Code 33172

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] Rodolfo J. Suarez 3/26/03
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 MANAGER NAME tomas D. BAEZ STREET ADDRESS 10200 NW 25th St. #207 CITY-ST-ZIP MIAMI, FL. 33172	☐ 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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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E093 (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] Tomas Baez 03-26-03 (305) 718-4400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #