

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 13, 2003 8:00 am**  
**Secretary of State**

07-17-2003 90023 003 \*\*\*\*50.00

DOCUMENT # L02000029367

1. Entity Name

COMMERCIAL FREIGHT CARRIER, LLC ✓



**DO NOT WRITE IN THIS SPACE**

**55054045**

2. Principal Place of Business  
1620 FOURTH STREET

3. Mailing Address  
1620 FOURTH STREET

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

N/A

City & State  
LAKE PLACIN, FLORIDA

City & State  
LAKE PLACIN, FLORIDA

4. FEI Number 14-1867405

Applied For

Not Applicable

Zip  
33852

Country  
USA

Zip  
33852

Country  
USA

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE  
IN THIS SPACE**

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

Name BASIL L. DALLAS, Sr.

Street Address (P.O. Box Number is Not Acceptable)

18301 NW 2nd COURT

City MIAMI GARDENS

FL

Zip Code  
33169

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

08/07/2003

DATE

**FEE IS \$50.00**

**Make Check Payable to Florida Department of State**

**DUE BY MAY 1**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHAMBERS, TREVOR (MGR) 1620 FOURTH STREET LAKE PLACIN, FLORIDA 33852	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHAMBERS, MAXINE (MGR) 1620 FOURTH STREET LAKE PLACIN, FLORIDA 33852	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

CR2E083B (12/02)

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:

08/07/2003 863-699-0308

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #