

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90371 017 ****50.00

DOCUMENT # L03000017719

1. Entity Name
LOGISTICS AND TRANSPORTATION GROUP, LLC



Principal Place of Business
**C/O NICOLAS FERNANDEZ, P.A.
780 NW LE JEUNE ROAD, STE. 324
MIAMI, FL 33126**

Mailing Address
**C/O NICOLAS FERNANDEZ, P.A.
780 NW LE JEUNE ROAD, STE. 324
MIAMI, FL 33126**

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2. Principal Place of Business - No P.O. Box #
10 NW Le Jeune Road

3. Mailing Address
10 NW Le Jeune Road

Suite, Apt. #, etc.
Suite 500

Suite, Apt. #, etc.
Suite 500

City & State
Miami, Florida

City & State
Miami, Florida

Zip
33126

Country
Dade

Zip
33126

Country
Dade

01172007 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-0068535

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional**
Fees Required

6. Name and Address of Current Registered Agent

**ESQUIRE CORPORATE SERVICES, INC.
780 NW LE JEUNE ROAD, STE. 324
MIAMI, FL 33126**

7. Name and Address of New Registered Agent

Name
Esquire Corporate Services, Inc.
Street Address (P.O. Box Number is Not Acceptable)
10 NW Le Jeune Road
Suite 500
City
Miami **FL** Zip Code
33126

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

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS / MANAGERS

TITLE
MGR ☐ Delete
NAME
ORONQZ, ANABELLA
STREET ADDRESS
%NIC FERNANDEZ-780 NW LEJEUNE RD-STE324
CITY-ST-ZIP
MIAMI, FL 33126

10. ADDITIONS/CHANGES

TITLE
MGR ☐ Change ☐ Addition
NAME
Oronoz, Anabella
STREET ADDRESS
%Nic Fernandez-10 NW Le Jeune Rd-
CITY-ST-ZIP
Suite 500 Miami, FL 33126

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 603, Florida Statutes.

SIGNATURE: *Anabella Oronoz* **Anabella Oronoz**

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

Date

Daytime Phone #