

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Aug 22, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000032315**

1. Entity Name  
**PACKING & CRATING UNLIMITED, LLC**



Principal Place of Business  
**11288 SOUTHWEST 161 PLACE  
MIAMI, FL 33196**

Mailing Address  
**11288 SOUTHWEST 161 PLACE  
MIAMI, FL 33196**



08152006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>57-1183805</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>

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

**VALLADARES, MICHELE  
11288 SOUTHWEST 161 PLACE  
MIAMI, FL 33196**

**DO NOT WRITE  
IN THIS SPACE**

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 September 8, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
VALLADARES, KEINY J  
11288 SOUTHWEST 161 PLACE  
MIAMI, FL 33196**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
VALLADARES, MICHELE  
11288 SOUTHWEST 161 PLACE  
MIAMI, FL 33196**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
TORRES, ERIC  
11288 SOUTHWEST 161 PLACE  
MIAMI, FL 33196**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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08/22/06-80006-007 55.00

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IN THIS SPACE**

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 608, Florida Statutes.

**SIGNATURE:** *mp* Michele Valladares 08/10/06 786 273 1165  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #