

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000012275

FILED  
Sep 02, 2008  
Secretary of State

**Entity Name:** ATLANTIC INTERMODAL LOGISTICS, LLC

**Current Principal Place of Business:**

5207 DOOLITTLE RD  
JACKSONVILLE, FL 32254

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 185  
GLOUCESTER CITY, NJ 08030

**New Mailing Address:**

FEI Number: 38-3698732      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

BENSON, BRIAN  
5207 DOOLITTLE RD  
JACKSONVILLE, FL 32254      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: BENSON, BRIAN  
Address: 5207 DOOLITTLE ROAD  
City-St-Zip: JACKSONVILLE, FL 32254

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: BRIAN BENSON

MMEB

09/02/2008

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