2005 LIMITED LIABILITY COMPANY

Apr 29, 2005 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # L04000021564** 04-29-2005 90045 006 ****55.00 HERMOGENES DUARTE TRUCKING LLC Principal Place of Business Mailing Address 5315 HERMOSA STREET 5315 HERMOSA STREET ORLANDO, FL 32807 ORLANDO, FL 32807 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 04262005 CR2E083 (10/03) Chg-LLC City & State City & State 4. FEI Number Applied For 11-3717264 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired **3** Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DUARTE, HERMOGENES R MR. Street Address (P.O. Box Number is Not Acceptable) 5315 HERMOSA STREET ORLANDO, FL 32807 City Zip Code 8. The above named entity sugmits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent. Signature, wood or proted name of registered agent and the flaopheable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR Delete TITLE ☐ Change ☐ Addition DUARTE, LETICIA D MRS. NAME NAME STREET ADDRESS 5315 HERMOSA STREET STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32807 CITY-ST-ZIP Change TITLE ☐ Delete TITLE Addition NAME STREET ADORESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Πηξ ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP Defete TITLE ☐ Change TITLE ☐ Add:tion NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE TITLE ☐ Channe Addition

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 it made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee emported to execute this report as required by Chapter 608. Florida Statutes.

NAME

TITLE

NAME

Delete

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

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

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

☐ Change

☐ Addition

FILED