

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000029094

Entity Name: GLB TRUCKING LLC

FILED
May 19, 2009
Secretary of State

Current Principal Place of Business:

11013 NW 30TH STREET
STE 100
MIAMI, FL 33172

New Principal Place of Business:

11401 NW 134TH ST
STE 107
MIAMI, FL 33178

Current Mailing Address:

PO BOX 48279
SEATTLE, WA 98148

New Mailing Address:

11401 NW 134TH ST
STE 107
MIAMI, FL 33178

FEI Number: 20-0977860 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:

NICHOLSON, NATHAN
3687 NE 168TH
N. MIAMI, FL 33160 US

Name and Address of New Registered Agent:

NICHOLSON, NATHAN
3687 NE 168TH
N. MIAMI BEACH, FL 33160 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:

05/19/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DAHL, JESPER
Address: 43013 SE 163RD ST
City-St-Zip: NORTH BEND, WA 98045 US

Title: MGRM () Delete
Name: NICHOLSON, NATHAN
Address: 3687 NE 168TH STREET
City-St-Zip: N. MIAMI, FL 33160

ADDITIONS/CHANGES:

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

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: NATHAN NICHOLSON

MGRM

05/19/2009

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