

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000032059

**FILED**  
**Apr 30, 2011**  
**Secretary of State**

**Entity Name:** AFRICAN SHIPPING LINE LLC

**Current Principal Place of Business:**

8411 NORTH HWY 301  
TAMPA, FL 33637 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 310845  
TAMPA, FL 33680 US

**New Mailing Address:**

**FEI Number:** 33-1110254

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ASOMBA, AUSTIN  
4754 BUTLER NATIONAL DR  
WESLEY CHAPEL, FL 33543 US

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

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: DR  
Name: CHINYERE, OJINAKA B  
Address: 4754 BUTLER NATIONAL DR  
City-St-Zip: WESLEY CHAPEL, FL 33543

I hereby 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: CHINYERE OJINAKA

DR

04/30/2011

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