

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90435 041 ****50.00

DOCUMENT # L04000045083

1. Entity Name
ASTUR CARGO, LLC



Principal Place of Business
**1598 NW 82 AVE
MIAMI, FL 33126**

Mailing Address
**1598 NW 82 AVE
MIAMI, FL 33126**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03122007

Chg-LLC

CR2E083 (12/06)

4. FEI Number
20-1255338

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CFRA, LLC
CORPORATE CENTER THREE AT INT'L PLAZA
4221 W. BOY SCOUT BLVD, 10TH FLOOR
TAMPA, FL 33607-5736**

Name
Doris E. Cardelle

Street Address (P.O. Box Number is Not Acceptable)
10264 S.W. 127 COURT

City
miami

FL

Zip Code
33186

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 **Doris E Cardelle**

Signature, typed or printed name of registered agent and title if applicable

Doris E. Cardelle - Accountant 3/12/07

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
TORRENS, FRANCISCO J.
1501 VICTORIA ISLE WAY
WESTON, FL 33327** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

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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, trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **(Signature)**

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

Javier Torrens 3/12/07

Date

Daytime Phone #

**(305)
599-0832**