

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000068036

FILED
May 01, 2009
Secretary of State

Entity Name: URBIETA TRANSPORTATION, LLC

Current Principal Place of Business:

9701 NW 89TH AVENUE
MEDLEY, FL 33178

New Principal Place of Business:

Current Mailing Address:

9701 NW 89TH AVENUE
MEDLEY, FL 33178

New Mailing Address:

FEI Number: 20-3334589 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:

URBIETA, IGNACIO JR
9701 NW 89TH AVENUE
MEDLEY, FL 33178 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: MGR () Delete
Name: URBIETA TRANSPORTATION LLC
Address: 9701 NW 89TH AVENUE
City-St-Zip: MEDLEY, FL 33178

Title: D () Delete
Name: URBIETA JR, IGNACIO D
Address: 9701 NW 89TH AVE
City-St-Zip: MEDLEY, FL 33178 US

Title: D () Delete
Name: URBIETA, GUILLERMO D
Address: 9701 NW 89TH AVE
City-St-Zip: MEDLEY, FL 33178 US

ADDITIONS/CHANGES:

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

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: IGNACIO URBIETA JR.

MR.

05/01/2009

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