

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000089040

**FILED**  
**Apr 20, 2005**  
**Secretary of State**

**Entity Name:** CFF LOGISTICS, LLC

**Current Principal Place of Business:**

5900 N. W. 97TH AVENUE  
6  
MIAMI, FL 33178 US

**New Principal Place of Business:**

**Current Mailing Address:**

5900 N. W. 97TH AVENUE  
6  
MIAMI, FL 33178 US

**New Mailing Address:**

**FEI Number:** 20-2559872      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

STEWART AGENT SERVICES  
2199 PONCE DE LEON BOULEVARD  
301  
CORAL GABLES, FL 33134 US

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

CIERO, JOSEPH A  
5900 N.W. 97TH AVE.  
6  
MIAMI, FL 33178 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: JOSEPH CIERO

04/20/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: CIERO, JOSEPH A  
Address: 5900 N. W. 97TH AVENUE  
City-St-Zip: MIAMI, FL 33178

Title: MGR ( ) Delete  
Name: STINSON, LOUIS JR  
Address: 2199 PONCE DE LEON BOULEVARD, SUITE 301  
City-St-Zip: CORAL GABLES, FL 33134 US

**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 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 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: JOSEPH CIERO

MGR

04/20/2005

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