

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000089040

FILED
Jun 29, 2009
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 ()
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:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

Title: MGR () Delete
Name: GLASS, MARCELLO
Address: 5900 NW 97AVE UNIT 6
City-St-Zip: DORAL, FL 33178

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: JOSEPH CIERO

MGR

06/29/2009

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