

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000061321

FILED
Mar 14, 2006
Secretary of State

Entity Name: PIMENTEL TRANSPORTATION, LLC

Current Principal Place of Business:

837 HERITAGE DRIVE
WESTON, FL 33326

New Principal Place of Business:

Current Mailing Address:

837 HERITAGE DRIVE
WESTON, FL 33326

New Mailing Address:

FEI Number: 20-3025124

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

PIMENTEL, NADIA M
837 HERITAGE DR
WESTON, FL 33326 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: NADIA M PIMENTEL

03/14/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: PIMENTAL, ALEXSANDER G
Address: 837 HERITAGE DRIVE
City-St-Zip: WESTON, FL 33326

Title: MGR () Delete
Name: PIMENTAL, IVANIR G
Address: 837 HERITAGE DRIVE
City-St-Zip: WESTON, FL 33326

Title: ST () Delete
Name: PIMENTAL, NADIA M
Address: 837 HERITAGE DRIVE
City-St-Zip: WESTON, FL 33326

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 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: NADIA M PIMENTEL

MGR

03/14/2006

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