

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000079387

FILED  
Feb 02, 2007  
Secretary of State

Entity Name: TRADING & LOGISTIC 809, LLC

**Current Principal Place of Business:**

5900 SW 56 TERRACE  
MIAMI, FL 33143

**New Principal Place of Business:**

**Current Mailing Address:**

5900 SW 56 TERRACE  
MIAMI, FL 33143

**New Mailing Address:**

FEI Number: 20-3289025

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ROBAYNA, MARIA  
17600 COLLINS AVENUE  
SUNNY ISLES, FL 33160 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: MGRM ( ) Delete  
Name: ARREAZA, MARISELA  
Address: 5900 SW 56 TERRACE  
City-St-Zip: MIAMI, FL 33143

Title: MGRM ( ) Delete  
Name: CIFFONI, ZULAY  
Address: 5900 SW 56 TERRACE  
City-St-Zip: MIAMI, FL 33143

Title: MGRM ( ) Delete  
Name: GITTO, VINCENT  
Address: 5900 SW 56 TERRACE  
City-St-Zip: MIAMI, FL 33143

Title: MGR ( ) Delete  
Name: ARREAZA, JESUS ALFREDO  
Address: 5900 SW 56 TERRACE  
City-St-Zip: MIAMI, FL 33143

Title: MGR ( ) Delete  
Name: RAURELL GOMEZ, GABRIELA  
Address: 5900 SW 56 TERRACE  
City-St-Zip: MIAMI, FL 33143

Title: MGR ( ) Delete  
Name: FRANCOIS, FRANTZ  
Address: 5900 SW 56 TERRACE  
City-St-Zip: MIAMI, FL 33143

**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:

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: MARISELA ARREAZA

MGR

02/02/2007

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