


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 17, 2008 08:00 A
Secretary of State

DOCUMENT # L05000091573 1. Entity Name AMERICAN FREIGHT OF SOUTH FLORIDA, LLC	
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Principal Place of Business 6001 POWELINE RD FORT LAUDERDALE, FL 33309	Mailing Address 2748 LEXINGTON AVE LEXINGTON, OH 44904
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DO NOT WRITE IN THIS SPACE



03012008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-3508575	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent BELFORD, HOWARD 2385 EXECUTIVE CENTER DRIVE 100 BOCA RATON, FL 33431
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**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	U00000860468 04/02/08-80064-017 138.75
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BELFORD, HOWARD 2385 EXECUTIVE CENTER DRIVE, SUITE 100 BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BELFORD, STEVEN J 2748 LEXINGTON AVE LEXINGTON, OH 44904
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

11. I hereby certify that the information reported with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: 	3/6/08	Date	Daytime Phone #
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>			