MAY-10-2006 04:15P FROM:GARCIA TAX 3058855691
May 10 06 11:52a Ana Llopiz

APR-17-2006 09:58P FROM:GARCIA TAX 3058855691

FILED
May 17, 2006 8:00 am
Secretary of State

04-21-2006 90019 036 ***150.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

4

DOCUMENT # L05000094140

1. Entity Name
ORIENTE PROFESSIONAL TRUCKING, LLC

30008627

Principal Place of Business
1271 WEST 83RD STREET
HIALEAH, FL 33014

Mailing Address
1271 WEST 83RD STREET
HIALEAH, FL 33014

2. Principal Place of Business
Suite, Apt #, etc
City & State
Zip | Country

3. Mailing Address
Suite, Apt #, etc
City & State
Zip | Country

04172006 Crp-LLC CR2E083 (11/05)

4. FEI Number 20-3512337 | Applied For | Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
CAPOTE DE LLOPIZ, ANA L
1271 WEST 83RD STREET
HIALEAH, FL 33014

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 ______ Date

Filing Fee is $50.00
Due by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR CAPOTE DE LLOPIZ, ANA L 1271 WEST 83RD STREET HIALEAH, FL 33014 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Sec. Treasurer Anays Llopiz 1271 W. 83 St Hialeah, FL 33014 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Manager Jose L. Llopiz 1271 W. 83 St Hialeah, FL 33014 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied 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: [signature] Date 04-18-06