

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000094939

FILED
Jan 03, 2007
Secretary of State

Entity Name: VANROX EXPRESS CARRIERS, LLC

Current Principal Place of Business:

10110 N.W. 95TH AVENUE
MEDLEY, FL 33178

New Principal Place of Business:

19850 NW 64 CT RD
MIAMI, FL 33015

Current Mailing Address:

10110 N.W. 95TH AVENUE
MEDLEY, FL 33178

New Mailing Address:

19850 NW 64 CT RD
MIAMI, FL 33015

FEI Number: 20-3551809

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KUYLENSTIERNA, JAN M
1395 BRICKELL AVENUE, 14TH FLOOR
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

LLAMBES, JUAN E
19850 NW 64 CT RD
MIAMI, FL 33015 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: JUAN E LLAMBES

01/03/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: VALDES, ROXANNE
Address: 10110 N.W. 95TH AVENUE
City-St-Zip: MEDLEY, FL 33178

Title: MGRM () Delete
Name: MORAYMA GUZMAN, CALIXTA
Address: 10110 N.W. 95TH AVENUE
City-St-Zip: MEDLEY, FL 33178

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LLAMBES, JUAN E
Address: 19850 NW 64 CT RD
City-St-Zip: MIAMI, FL 33015

Title: MGRM (X) Change () Addition
Name: VALDES, ROXANNE
Address: 19850 NW 64 CT RD
City-St-Zip: MIAMI, FL 33015

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: JUAN E LLAMBES

MGRM

01/03/2007

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