

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L05000099026

FILED
Aug 04, 2009
Secretary of State**Entity Name:** TRUCKING EXPRESS LLC**Current Principal Place of Business:**7865 SW 18 TERRACE
MIAMI, FL 33155 US**New Principal Place of Business:**860 SW 129 PLACE APT 206
MIAMI, FL 33184 US**Current Mailing Address:**7865 SW 18 TERRACE
MIAMI, FL 33155 US**New Mailing Address:**860 SW 129 PLACE APT 206
MIAMI, FL 33184 US**FEI Number:** 20-3599463**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**RODRIGUEZ, ISBELYS
7865 SW 18 TERRACE
MIAMI, FL 33155 US**Name and Address of New Registered Agent:**RODRIGUEZ, ISBELYS
860 SW 129 PLACE APT 206
MIAMI, FL 33184 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: ISBELYS RODRIGUEZ

08/04/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:Title: MGR () Delete
Name: CANELA, CANDIDA
Address: 7865 SW 18 TERRACE
City-St-Zip: MIAMI, FL 33155 USTitle: MGR (X) Delete
Name: RODRIGUEZ, ISBELYS
Address: 7865 SW 18 TERRACE
City-St-Zip: MIAMI, FL 33155 US**ADDITIONS/CHANGES:**Title: MNR (X) Change () Addition
Name: RODRIGUEZ, ISBELYS
Address: 860 SW 129 PLACE APT 206
City-St-Zip: MIAMI, FL 33184 USTitle: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: ISBELYS RODRIGUEZ

MNR

08/04/2009

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