

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 15, 2006 8:00 am
Secretary of State

05-15-2006 90239 043 ***150.00

DOCUMENT # L05000112458

1. Entity Name T+D Express, LLC.



DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business

1000 Quayside Tern
Suite, Apt. #, etc.
#803

3. Mailing Address

96 D. Ingersoll / 1000 Quayside Tern
Suite, Apt. #, etc.
#803

DO NOT WRITE IN THIS SPACE

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

20 3845875

Applied For

☐ Not Applicable

Zip

33138

Country

DATE

Zip

33138

Country

DATE

5. Certificate of Status Desired

☐

**\$5.00 Additional
Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Spring 2 Ultra P.A. Tom Ingersoll

Street Address (P.O. Box Number is Not Acceptable)
1000 Quayside Tern # 803

4040 Coral Way, 4th Floor

City MIAMI, FL

Zip Code
33138

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

Tom Ingersoll

Signature, typed or printed name of registered agent and title if applicable.

4/29/06

DATE

9. MANAGING MEMBERS/MANAGERS

TITLE PRESIDENT
NAME THEOSTINE CHARLES
STREET ADDRESS 4725 N.E. 7 CT
CITY-ST-ZIP MIAMI, FL 33136

TITLE V.P., SECRETARY
NAME DOLORES A. INGERSOLL
STREET ADDRESS 1000 Quayside Tern # 803
CITY-ST-ZIP MIAMI, FL 33138

TITLE V.P. TREASURER
NAME THOMAS P. INGERSOLL
STREET ADDRESS 1000 Quayside Tern # 803
CITY-ST-ZIP MIAMI, FL 33138

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

Dolores Ingersoll 05-04-2006 305-981-9707

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2ED03B (12/02)