


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90186 047 ****55.00

DOCUMENT # L05000122175		
1. Entity Name SUN AIR CARGO, LLC		

Principal Place of Business 1740 N.W. 69TH AVE. MIAMI, FL 33126	Mailing Address 1740 N.W. 69TH AVE. MIAMI, FL 33126
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20007278



2. Principal Place of Business 2461 NW 67 AVE	3. Mailing Address P.O. BOX 72201V
Suite, Apt. #, etc. BLDG 700 SUITE 200	Suite, Apt. #, etc.

02082006 Chg-LLC CR2E083 (11/05)

City & State MIAMI, FL	City & State MIAMI, FL
Zip 33122	Country USA
Zip 33152	Country USA

4. FEI Number **11-3766422** Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525

7. Name and Address of New Registered Agent Name LUIS SOTO Street Address (P.O. Box Number is Not Acceptable) 2461 NW 67 AVE BLDG 700 SUITE 200 City MIAMI FL Zip Code 33122
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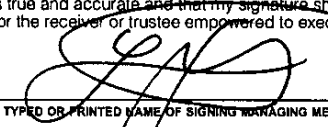
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE **2-8-06**

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 	LUIS SOTO President	2-8-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date
		Daytime Phone #