**FILED** Feb 07, 2008 08:00 Al Secretary of State

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DOCUMENT #	L060000068	373

1. Entity Name

FLAGLER FUEL, LLC.



Principal Place of Business

3622 CORAL WAY MIAMI, FL 33145 Mailing Address

3622 CORAL WAY MIAMI, FL 33145



01152008 No Chg-LLC

·CR2E083 (12/07)~

4. FEI Number 26-0134659

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MARQUEZ, FELIX 3622 CORAL WAY MIAMI, FL 33145

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

## DO NOT WRITE IN THIS SPACE

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.					
SIGNATURE.		(NOTE, Registered	Agent signature required when reinstating)	DATE	
After May	NOWIII FEE IS \$138.75 y 1, 2008 Fee will be \$538.75				
9.	MANAGING MEMBERS/MANAGERS		. The same of the same of	A Sandan to C. Carlotte, and the C.	
TITLE	MGR				
NAME	MARQUEZ, FELIX				
STREET ADDRESS	3622 CORAL WAY				
CITY-ST-ZIP	MIAMI, FL 33145		医生生的毒素促进性性		
TITLE	17'		Problem and the control of the contr	\$\.\.KU00000s19864``\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
NAME				302218208-80005-nin-iaa-7525	
STREET ADDRESS					
CITY-ST-ZIP					
TITLE			医白红 化热 机精建模块		
NAME					
STREET ADDRESS				NICTARITE	
CITY-SI-ZIP			ָטע י	NOT WRITE	
TITLE			IND.	THICCONOC	
NAME				THIS SPACE	

11. Thereby 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 AND THEO OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE