2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILE DI SECRETARY OF STATE DIVISION OF CORPERATIONS DOCUMENT # L06000007030 07 SEP 26 PH 2: 48 ZACWEL SHIPPING & DELIVERY, LLC Principal Place of Business Mailing Address 2680 SOUTHWEST 64TH TERRACE 2680 SOUTHWEST 64TH TERRACE MIRAMAR, FL 33023 MIRAMAR, FL 33023 2. Principal Place of Business - No P.O Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 09122007 Chg-LLC CR2E083 (12/06) City & State City & State 4. FFI Number Applied For Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent atoya Cason FRANCIS, ZACK (P.O. Box Number is Not Acceptable) 2680 SOUTHWEST 64TH TERRACE MIRAMAR, FL 33023 Jast Park 2ip Code 33023 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. Lam familiar with, and accept road) SIGNATURE (NOTE: Registered Agent signature required when runsrating) Filing Fee is \$50.00 Make check payable to Due by September 14, 2007 Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES ☐ Change MGRM TITLE ☐ Defete THLE Addition 800110080578 FRANCIS, ZACK NAME NAME --01054--012 00STREET ADDRESS 2680 SOUTHWEST 64TH TERRACE STREET ADDRESS CITY-ST-ZIP MIRAMAR, FL 33023 CITY ST-7IP ☐ Change ☐ Addition ☐ Defete THUE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CHY ST ZIP Delete 1111.0 Change ☐ Addition TITLE CAM NAME STREET ADDRESS STREET ADDRESS CHY-ST ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET-ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. Thereby certify that the information supplied with this filling does not quality 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 it 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. 9/12/2007 VAMINS SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Davine Prove # Date