

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000021985

FILED
Jan 13, 2009
Secretary of State

Entity Name: SEMPER FI CARTAGE, LLC

Current Principal Place of Business:

1611 12TH STREET EAST
UNIT B
PALMETTO, FL 34221

New Principal Place of Business:

Current Mailing Address:

1611 12TH STREET EAST
UNIT B
PALMETTO, FL 34221

New Mailing Address:

FEI Number: 20-4404377

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHIRK, PETER
17 TIDY ISLAND BOULEVARD
BRADENTON, FL 34210 US

Name and Address of New Registered Agent:

SHIRK, PETER J
17 TIDY ISLAND BOULEVARD
BRADENTON, FL 34210 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: PETER J. SHIRK

01/13/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SHIRK, PETER J
Address: 17 TIDY ISLAND BOULEVARD
City-St-Zip: BRADENTON, FL 34210 US

Title: MGRM () Delete
Name: GILMARTIN, WAYNE S
Address: 59 TIDY ISLAND BOULEVARD
City-St-Zip: BRADENTON, FL 34210 US

Title: MGR () Delete
Name: JACKSON, MARK A
Address: 8908 12TH AVENUE NORTH WEST
City-St-Zip: BRADENTON, FL 34209 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () 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: PETER J. SHIRK

MGRM

01/13/2009

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