

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000027460

Entity Name: FREIGHTSOLUTIONS LLC

FILED
Mar 17, 2009
Secretary of State

Current Principal Place of Business:

1775 NW 70 AVENUE
SUITE 10
MIAMI, FL 33126

New Principal Place of Business:

2007 NW 84 AVE
MIAMI, FL 33122

Current Mailing Address:

PO BOX 520095
MIAMI, FL 33126

New Mailing Address:

FEI Number: 20-4497558

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANTA CRUZ, FERNANDO
1775 N.W. 70 AVE #10
MIAMI, FL 33126 US

Name and Address of New Registered Agent:

SANTA CRUZ, FERNANDO
2007 NW 84 AVE
MIAMI, FL 33122 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:

03/17/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SANTA CRUZ, FERNANDO
Address: 14832 NW 88 PL
City-St-Zip: MIAMI LAKES, FL 33018

Title: M (X) Delete
Name: SANTA CRUZ, MAYELIN
Address: 14832 NW 88 PL
City-St-Zip: MIAMI LAKES, FL 33018

Title: M (X) Delete
Name: BARRERA, JOSE R
Address: 4481 NW 102 PLACE
City-St-Zip: DORAL, FL 33178

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: FERNANDO SANTA CRUZ

MGRM

03/17/2009

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