

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Jan 11, 2007 8:00 am
Secretary of State

01-11-2007 90129 041 ****55.00

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01072007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L06000036211 1. Entity Name ZITRO PERMIT EXPEDITORS, LLC					
Principal Place of Business 5272 SW 123RD AVENUE COOPER CITY, FL 33330			Mailing Address 5272 SW 123RD AVENUE COOPER CITY, FL 33330		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 4301 S. Flamingo Rd Suite, Apt. #, etc. Suite 103-117			
City & State Cooper City, FL		City & State Cooper City, FL		4. FEI Number Applied For <input checked="" type="checkbox"/> Not Applicable	
Zip 33330	Country USA	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent BRICKEL, JILL H CPA 6001 BROKEN SOUND PKWY NW SUITE 406 BOCA RATON, FL 33487			7. Name and Address of New Registered Agent Name Priscilla Ortiz Street Address (P.O. Box Number is Not Acceptable) 5272 SW 123 Ave City Cooper City FL Zip Code 33330		
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 <u><i>Priscilla Ortiz</i></u> DATE <u>1/7/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ORTIZ, PRISCILLA 5272 SW 123RD AVENUE COOPER CITY, FL 33330 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u><i>Priscilla Ortiz</i></u> , Priscilla Ortiz, Mgr <u>1/7/07</u> <u>954 434 7778</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					