

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000072612

FILED
Apr 29, 2008
Secretary of State

Entity Name: TRANSPORTATION SPECIALTY BROKERS, LLC

Current Principal Place of Business:

1769 N.W. 79TH AVENUE
DORAL, FL 33126

New Principal Place of Business:

2300 WEST 84TH STREET
HIALEAH, FL 33016

Current Mailing Address:

1769 N.W. 79TH AVENUE
DORAL, FL 33126

New Mailing Address:

2300 WEST 84TH STREET
HIALEAH, FL 33016

FEI Number: 22-3939342

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

VIVES, MARIO
2300 WEST 84TH STREET.
2ND FLOOR
HIALEAH, FL 33016 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: MARIO VIVES

04/29/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: VIVES, MARIO
Address: 1769 N.W. 79TH AVENUE
City-St-Zip: DORAL, FL 33126

Title: ST () Delete
Name: VIVES, MARIO
Address: 1769 N.W. 79TH AVENUE
City-St-Zip: DORAL, FL 33126

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: VIVES, MARIO
Address: 2300 WEST 84TH STREET
City-St-Zip: HIALEAH, FL 33016

Title: ST (X) Change () Addition
Name: VIVES, MARIO
Address: 2300 WEST 84TH STREET
City-St-Zip: HIALEAH, FL 33016

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: MARIO VIVES

MGR

04/29/2008

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