

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000082651

FILED
Mar 15, 2009
Secretary of State

Entity Name: ALL POINTS TRANSPORTATION, L.L.C.

Current Principal Place of Business:

12942 SW 133RD CT., SUITE A
MIAMI, FL 33186

New Principal Place of Business:

15420 SW 136 ST
UNIT 27
MIAMI, FL 33196

Current Mailing Address:

P O BOX 771795
MIAMI, FL 33177

New Mailing Address:

FEI Number: 20-5421966

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARTINEZ, MARIA I
12942 SW 133RD CT., SUITE A
MIAMI, FL 33186 US

Name and Address of New Registered Agent:

MARTINEZ, MARIA I
15420 SW 136 ST
UNIT 27
MIAMI, FL 33196 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: MARIA I. MARTINEZ

03/15/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MARTINEZ, JULIO C
Address: 12942 SW 133RD CT., SUITE A
City-St-Zip: MIAMI, FL 33186

Title: MGRM () Delete
Name: MARTINEZ, MARIA I
Address: 12942 SW 133RD CT., SUITE A
City-St-Zip: MIAMI, FL 33186

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MARTINEZ, JULIO C
Address: 15420 SW 136 ST
City-St-Zip: MIAMI, FL 33196

Title: MGRM (X) Change () Addition
Name: MARTINEZ, MARIA I
Address: 15420 SW 136 ST
City-St-Zip: MIAMI, FL 33196

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: MARIA I. MARTINEZ

PRES

03/15/2009

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