

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000096148

FILED
Apr 22, 2008
Secretary of State

Entity Name: FREIGHT LOGISTICS GROUP LLC.

Current Principal Place of Business:

9202 LOST MILL DR
LAND O LAKES, FL 34638

New Principal Place of Business:

5925 E MARTIN LUTERKING JR. BLVD.
220
TAMPA, FL 33619

Current Mailing Address:

8847 NW 180 TERRACE
MIAMI, FL 33018

New Mailing Address:

5925 E MARTIN LUTERKING JR. BLVD.
220
TAMPA, FL 33619

FEI Number: 20-5646493

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KV CARRIER SERVICES INC
9657 NW SOUTH RIVER DR
SUITE # 6
MEDLEY, FL 33166 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CHEVASCO, MONICA A
Address: 8847 NW 180 TERRACE
City-St-Zip: MIAMI, FL 33018

Title: MGR () Delete
Name: CHEVASCO, ANDRES
Address: 9202 LOST MILL DR
City-St-Zip: LAND O LAKES, FL 34638

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CHEVASCO, MONICA A
Address: 5925 E MARTIN LUTERKING JR. BLVD. STE 220
City-St-Zip: TAMPA, FL 33619

Title: MGR (X) Change () Addition
Name: CHEVASCO, ANDRES
Address: 5925 E MARTIN LUTERKING JR. BLVD. STE 220
City-St-Zip: TAMPA, FL 33619

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: MONICA CHEVASCO

MGRM

04/22/2008

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