

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000111749

FILED
May 02, 2007
Secretary of State

Entity Name: FREIGHT AND LOGISTIC CENTER, LLC

Current Principal Place of Business:

7509 JESSAMINE DRIVE
LAKELAND, FL 33810

New Principal Place of Business:

Current Mailing Address:

7509 JESSAMINE DRIVE
LAKELAND, FL 33810

New Mailing Address:

FEI Number: 20-8470134 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

GONZALEZ, WILLIAM
7509 JESSAMINE DRIVE
LAKELAND, FL 33810 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: GONZALEZ, WILLIAM
Address: 7509 JESSAMINE DRIVE
City-St-Zip: LAKELAND, FL 33810

Title: MGR () Delete
Name: RUTH, GONZALEZ N
Address: 7509 JESSAMINE DRIVE
City-St-Zip: LAKELAND, FL 33810

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GONZALEZ, WILLIAM
Address: 7509 JESSAMINE DRIVE
City-St-Zip: LAKELAND, FL 33810

Title: MGRM (X) Change () Addition
Name: RUTH, GONZALEZ N
Address: 7509 JESSAMINE DRIVE
City-St-Zip: LAKELAND, FL 33810

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: WILLIAM GONZALEZ

MGRM

05/02/2007

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