
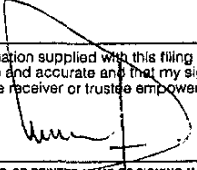


**FILED**  
**Apr 18, 2007 8:00 am**  
**Secretary of State**

04-18-2007 90034 024 \*\*\*\*50.00

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

|  |   |   |   |
|--|---|---|---|
| <b>DOCUMENT # L06000120184</b>   |   |    |   |
| 1. Entity Name<br><b>TRUCKIE LLC</b>   |   |   |   |
| Principal Place of Business<br><b>19575 NE 10 AVENUE<br/>MIAMI, FL 33179 US</b>  |   | Mailing Address<br><b>19575 NE 10 AVENUE<br/>MIAMI, FL 33179 US</b>   |   |
| 2. Principal Place of Business - No P.O. Box #   |   | 3. Mailing Address  |   |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.   |   |
| City & State   |   | City & State  |   |
| Zip  | Country   | Zip   | Country   |
| 6. Name and Address of Current Registered Agent<br><b>SANTOS, JOSE A JR<br/>800 SOUTH DOUGLAS ROAD<br/>SUITE 105<br/>CORAL GABLES, FL 33134</b>  |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> Zip Code |   |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____  |   |   |   |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2007</b>  |   | <b>Make check payable to<br/>Florida Department of State</b>  |   |
| 9. MANAGING MEMBERS/MANAGERS   |   | 10. ADDITIONS/CHANGES   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>FELDSBERG, CARLOS M<br>19575 NE 10 AVENUE<br>MIAMI, FL 33179 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>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: <br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> Date _____ Daytime Phone # _____  |   |   |   |

**60038227**



04112007 Chg-LLC CR2E083 (12/06)

4. FEI Number **440668906** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional  
Fee Required