


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

04-07-2008 90232 021 \*\*\*143.75

<b>DOCUMENT # L07000004506</b>	
1. Entity Name <b>VALENCIA TRUCKING L.L.C.</b>	

Principal Place of Business <b>933 LEE ROAD, SUITE 401 ORLANDO, FL 32810</b>	Mailing Address <b>933 LEE ROAD, SUITE 401 ORLANDO, FL 32810</b>
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2. Principal Place of Business - No P.O. Box # <b>1304 WELSON Rd</b>	3. Mailing Address <b>1304 WELSON Rd</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>ORLANDO, FLORIDA</b>	City & State <b>ORLANDO, FLORIDA</b>
Zip <b>32837</b>	Country <b>USA</b>
Zip <b>32837</b>	Country <b>USA</b>

01242008 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>20-8127489</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent	
<b>RAMOS, RAYMOND JR. 1304 WELSON RD ORLANDO, FL 32837</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	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 <i>Raymond Ramos Jr.</i>	DATE <b>4/3/08</b>

<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ROSADO, MARIA 1304 WELSON RD ORLANDO, FL 32837 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR RAMOS, RAYMOND JR. 1304 WELSON RD ORLANDO, FL 32837 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR COLE, ROBERT 933 LEE ROAD, SUITE 401 ORLANDO, FL 32810 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <i>Raymond Ramos Jr.</i>	DATE <b>4/3/08</b> DAYTIME PHONE # <b>407-949-2985</b>