2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT** • • •

May 12, 2008 8:00 am Secretary of State **DOCUMENT #L07000005386** 04-07-2008 90235 006 ***138.75 **REY TRUCKING AND SERVICES. LLC** Principal Place of Business Mailing Address **UUUUUA 3 V** 3665 SPRING PARK RD 3665 SPRING PARK RD JACKSONVILLE, FL 32207 US IACKSONVILLE, FL 32207 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. 04032008 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 20-5169 Not Applicable Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Hame and Address of Current Registered Agent 7. Hame and Address of New Registered Agent Name PEREIRA, REINALDO Street Address (P.O. Box Number is Not Acceptable) 5659 HAVEN RD JACLSONVILLE, FL 32216 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 Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State ADDITIONS/CHANGES 9. MANAGING MEMBERS/MANAGERS 10. MGR TITLE MILE ☐ Change ☐ Addition PEREIRA, REINALDO NAME NAME 5659 HAVEN RD STREET ADDRESS STREET AINTERSS JACKSONVILLE, FL 32207 CITY-ST-ZIP CITY-51-21F TITLE ☐ Delete IME ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZZP CITY-ST-ZIP 7M F ☐ Detecte TITLE ☐ Change Addition NAME: NAME STREET ADDRESS STREET ADDRESS CITY-51-2# CITY-S1-23P THIE ... Delete TITLE __ Change - _ _ Addition STREET ACCRESS STREET MYDESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete MIE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-51-29 CTTY - ST - ZIP IIILE Detete titue Channe Addition NAME NAME STREET ADDRESS STREET ADDRESS CETY-ST-709 CITY-ST-7P 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 possible empowered to execute this report as required by Chapter 608. Florida Statutes. SIGNATURE:

AND TYPES OF PERCYED HAVE OF EXCHANG HAMAGING MEMBER MANAGER ON AUTHORIZED REPRESENTATIVE