

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000019251

FILED
Apr 15, 2009
Secretary of State

Entity Name: DEAKINS GLOBAL LOGISTICS, LLC

Current Principal Place of Business:

9395 SOUTHWEST 186 TERRACE
DUNNELLON, FL 34432

New Principal Place of Business:

6817 SOUTHPOINT PARKWAY
STE 101
JACKSONVILLE, FL 32216

Current Mailing Address:

9395 SOUTHWEST 186 TERRACE
DUNNELLON, FL 34432

New Mailing Address:

FEI Number: 22-3954476 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DEAKINS, BEVERLEY V
9395 SOUTHWEST 186 TERRACE
DUNNELLON, FL 34432 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: MGRT () Delete
Name: DEAKINS, JOHN P
Address: 9395 SOUTHWEST 186 TERRACE
City-St-Zip: DUNNELLON, FL 34432

Title: MGR () Delete
Name: DEAKINS, JOHN MATTHEW
Address: 9395 SOUTHWEST 186 TERRACE
City-St-Zip: DUNNELLON, FL 34432

Title: S () Delete
Name: DEAKINS, BEVERLY V
Address: 9395 SOUTHWEST 186 TERRACE
City-St-Zip: DUNNELLON, FL 34432

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: BEVERLEY V DEAKINS

S

04/15/2009

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