2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 25, 2008
Secretary of State

DOCUMENT# L07000021970

Entity Name: D L EXPRESS, LLC

Current Principal Place of Business:

43 HORSESHOE DR.
CHICOPEE, MA 01022

New Principal Place of Business:

Current Mailing Address:

43 HORSESHOE DR.
CHICOPEE, MA 01022

New Mailing Address:

FEI Number: 20-8529060 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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:

LEDUC, LORI A
10320 N.W. 125TH STREET
REDDICK, FL 32686 US

Name and Address of New Registered Agent:

LEDUC, LORI A
43 HORSESHOE DRIVE
CHICOPEE, MA, FL 01022 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: _____ 08/25/2008
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: LEDUC, LORI A
Address: 10320 N.W. 125TH STREET
City-St-Zip: REDDICK, FL 32686

Title: MGRM ( ) Delete
Name: LEDUC, DAVID W
Address: 10320 N.W. 125TH STREET
City-St-Zip: REDDICK, FL 32686

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: LEDUC, LORI A
Address: 43 HORSESHOE DRIVE
City-St-Zip: CHICOPEE, MA 01022

Title: MGRM (X) Change ( ) Addition
Name: LEDUC, DAVID W
Address: 43 HORSESHOE DRIVE
City-St-Zip: CHICOPEE, MA 01022

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: LORI A. LEDUC MGR. 08/25/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date