

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000021970

Entity Name: D L EXPRESS, LLC

FILED
Apr 16, 2009
Secretary of State

Current Principal Place of Business:

43 HORSESHOE DR.
CHICOPEE, MA 01022

New Principal Place of Business:

460 SOUTHAMPTON ROAD
WESTFIELD, MA 01085

Current Mailing Address:

43 HORSESHOE DR.
CHICOPEE, MA 01022

New Mailing Address:

460 SOUTHAMPTON ROAD
WESTFIELD, MA 01085

FEI Number: 20-8529060

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEDUC, LORI A
43 HORSESHOE DRIVE
CHICOPEE, MA, FL 01022 US

Name and Address of New Registered Agent:

LEDUC, LORI A
460 SOUTHAMPTON ROAD
WESTFIELD, FL 01085 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: _____

04/16/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

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

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: LEDUC, LORI A
Address: 460 SOUTHAMPTON ROAD
City-St-Zip: WESTFIELD, MA 01085

Title: MGRM (X) Change () Addition
Name: LEDUC, DAVID W
Address: 460 SOUTHAMPTON ROAD
City-St-Zip: WESTFIELD, MA 01085

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 LEDUC

MGR.

04/16/2009

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