

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000023133

FILED
Apr 21, 2009
Secretary of State

Entity Name: ALL POINTS EXPRESS COURIER, LLC

Current Principal Place of Business:

175 FOUTAINBLEAU BLVD, STE 1-R1
MIAMI, FL 33172 US

New Principal Place of Business:

366 ALTARA AVE
CORAL GABLES, FL 33146 US

Current Mailing Address:

PO BOX 440585
MIAMI, FL 331440585

New Mailing Address:

366 ALTARA AVE
CORAL GABLES, FL 33146 US

FEI Number: 20-8601601

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RODON, MARY LOU
2222 PONCE DE LEON BLVD.
PENTHOUSE
CORAL GABLES, FL 33134 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: MGRM () Delete
Name: FULLERTON, JOHN P
Address: 2214 GRANADA BLVD.
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR () Delete
Name: DIAZ, JULIO S
Address: 1354 ALEGRIANO AVENUE
City-St-Zip: CORAL GABLES, FL 33146

Title: MGR () Delete
Name: AUB, MICHAEL P
Address: 8401 S.W. 124 AVENUE, APT. #103
City-St-Zip: MIAMI, FL 33183

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: MICHAEL AUB

PRES

04/21/2009

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