

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000029490

Entity Name: FLOEXPRESS SERVICES

FILED  
Apr 29, 2009  
Secretary of State

## Current Principal Place of Business:

137 E WOOLBRIGHT ROAD  
# 105  
BOYNTON BEACH, FL 33435

## Current Mailing Address:

137 E WOOLBRIGHT ROAD  
# 105  
BOYNTON BEACH, FL 33435

## New Principal Place of Business:

137 E WOOLBRIGHT ROAD  
# 103  
BOYNTON BEACH, FL 33435

## New Mailing Address:

137 E WOOLBRIGHT ROAD  
# 103  
BOYNTON BEACH, FL 33435

FEI Number: 20-8660628

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LUCCIN, M. FLORENCE  
480 LAWRENCE ROAD  
DELRAY BEACH, FL 33445 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: LUCCIN, WEBSTER  
Address: 480 LAWRENCE ROAD  
City-St-Zip: DELRAY BEACH, FL 33445

Title: MGRM (X) Delete  
Name: CENATUS, MARCIA  
Address: 480 LAWRENCE ROAD  
City-St-Zip: DELRAY BEACH, FL 33445

Title: MGR ( ) Delete  
Name: LUCCIN, M. FLORENCE SR  
Address: 480 LAWRENCE ROAD  
City-St-Zip: DELRAY BEACH, FL 33445

Title: MGRM (X) Delete  
Name: LUCCIN, DIEUNOR  
Address: 480 LAWRENCE RD  
City-St-Zip: DELRAY BCH, FL 33445

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: L DUCASSE, TERRY A  
Address: 480 LAWRENCE ROAD  
City-St-Zip: DELRAY BEACH, FL 33445

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: M FLORENCE LUCCIN

MGR

04/29/2009

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