

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 24, 2008 8:00 am
Secretary of State

01-24-2008 90069 031 ***143.75

DOCUMENT # L07000043340

1. Entity Name
ULTRA CARGO EXPRESS LLC.



Principal Place of Business
4055 NW 79TH AVENUE
MIAMI, FL 33166

Mailing Address
4055 NW 79TH AVENUE
MIAMI, FL 33166

60003594



2. Principal Place of Business - No P.O. Box #
8812 NW 111 Ct

3. Mailing Address
P.O. Box 667736

Suite, Apt. #, etc.
Apt 2206

Suite, Apt. #, etc.

City & State
Miami fl

City & State
Miami fl

Zip
33178

Country
USA

Zip
33166

Country
USA

01202008 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-890-7433

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CASCAVITA, GUSTAVO
9110 SW 137TH AVENUE
MIAMI, FL 33186

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/18/08

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
CASCAVITA, GUSTAVO
9110 SW 137TH AVENUE
MIAMI, FL 33186

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
VARGAS, RENE
12337 SW 31TH TERRACE
MIAMI, FL 33175

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #