

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 28, 2008 8:00 am
Secretary of State

05-28-2008 90138 044 ***143.75

DOCUMENT # L07000052621

1. Entity Name
PBF PARTS AND LOGISTICS LLC



Principal Place of Business
**10700 NW 66TH ST. APT 214
MIAMI, FL 33178**

Mailing Address
**10700 NW 66TH ST. APT 214
MIAMI, FL 33178**

2. Principal Place of Business - No P.O. Box #
11116 SW 70th TE

3. Mailing Address
11116 SW 70th TE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02022008 Chg-LLC CR2E083 (12/06)

City & State
MIAMI, FL

City & State
MIAMI, FL

4. FEI Number
42-1729840

Applied For
Not Applicable

Zip
33173

Country
USA

Zip
33173

Country
USA

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

6. Name and Address of Current Registered Agent

**BARANDICA, ALEXANDER
10700 NW 66TH ST. APT 214
MIAMI, FL 33178**

7. Name and Address of New Registered Agent

Name
BARANDICA, ALEXANDER

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

11116 SW 70th TE

City
MIAMI

FL

Zip Code
33173

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

**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
**MGRM
PENA, JORGE F
10700 NW 66TH ST. APT 214
MIAMI, FL 33178** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
FARFAN, OLMEDO
3324 MIDDLESBORO AVE.
SUMMERVILLE, SC 29485** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
BARANDICA, ALEXANDER
11116 SW 70TH TE
MIAMI, FL 33173** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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: **Alexander Barandica**

04/28/08 (305) 297-3258

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

Date

Daytime Phone #