2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

Aug 14, 2008 8:00 am Secretary of State DOCUMENT # L07000075118 07-21-2008 90082 039 ***138.75 1. Entity Name UNIVERSAL DISTRIBUTION & LOGISTICS CENTER LLC OUUTUUIU Principal Place of Business Mailing Address 8373 NW 74 ST 8373 NW 74 ST MIAMI, FL 33186 MIAMI, FL 33186 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07162008 CR2E083 (12/06) * El Nymber 32-0223750 City & State City & State Applied For Not Applicable Country Ζiο Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent VILLENA, NILO E JR. 12351 SW 98 ST Street Address (P.O. Box Number is Not Acceptable) MIAMI, FL 33186 City Zip Code 8. The above named entity and it is 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 regis SIGNATURE of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating FILE NOWIII FEE IS \$138.75 In accordance with s. 607.193(2)(b), F.S., the limited Make check payable to Due by September 12, 2008 tiability company did not receive the prior notice. Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9, 10. MGR TITLE Delete TITLE ☐ Change Addition VILLENA, NILO E JR NAME 12351 SW 98 ST STREET ADORESS STREET ACCRESS CITY-51-71P MIAMI, FL 33186 CITY-ST-ZIP TITLE MGR ILIFE ☐ Delete Chance ■ Addition LAGO VILA, JOSE NAME NAME 11286 SW 92 PL STREET ADDRESS STREET ADDRESS CITY-SI-ZIP MIAMI, FL 33176 CITY-ST-ZIP HILE Delete TITLE ☐ Chance ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-S1-ZIP TIFLE ☐ Delete TITLE Addition HAME NAME STREET ATORESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP MUE TITLE ☐ Delete Channe Addition NAME NALE STREET ADDRESS STREET ADORESS CITY-ST-ZIF CITY-51-71P TITLE Deteta TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-S1-ZIP 11. Thereby certify that the information supplied with this filling 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 that in manager of the limited liability company or the receiver and a true among 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 and a true among 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 and a true among 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 and a true among 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 and a true among the limited liability company or the receiver and a true among the limited liability company or the receiver and a true among the limited liability company or the receiver and a true among the limited liability company or the receiver and a true among the limited liability company or the receiver and a true among the limited liability company or the receiver and a true among the limited liability company or the receiver and a true among the limited liability company or the receiver and a true among the limited liability company or the receiver and a true among the limited liability company or the receiver and a true among the limited liability company or the receiver and a true among the limited liability company or the receiver and a true among the limited liability company or the receiver and a true among the limited liability company or the receiver and a true among the limited liability company or the receiver and a true among the liability and true among the liabilit SIGNATURE: TRADE OR PRINTED HAME OF THE SIGNATURE AND TYPED OR PRINTED HAME OF THE SIGNATURE AND THE SI

NG MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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