

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000078896

FILED
May 02, 2008
Secretary of State

Entity Name: SCHAFFER LOGISTIC SOLUTIONS & SERVICES LLC

Current Principal Place of Business:

2320 NW 41ST AVE
GAINESVILLE, FL 32605 US

New Principal Place of Business:

1901 NW 55TH AVE
GAINESVILLE, FL 32653 US

Current Mailing Address:

P O BOX 8412
GAINESVILLE, FL 32635 US

New Mailing Address:

P O BOX 358412
GAINESVILLE, FL 32635 US

FEI Number: 26-0700251 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SCHAFFER, PATRICIA L
2320 NW 41ST AVE
GAINESVILLE, FL 32605 US

Name and Address of New Registered Agent:

SCHAFFER, PATRICIA L
1901 NW 55TH AVE
GAINESVILLE, FL 32653 US

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: PATRICIA L SCHAFFER

05/02/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SCHAFFER, PATRICIA L
Address: 2320 NW 41ST AVE
City-St-Zip: GAINESVILLE, FL 32605

Title: MGRM () Delete
Name: SCHAFFER, MICHAEL T
Address: 2320 NW 41ST AVE
City-St-Zip: GAINESVILLE, FL 32605

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SCHAFFER, PATRICIA L
Address: 1901 NW 55TH AVE
City-St-Zip: GAINESVILLE, FL 32653

Title: MGRM (X) Change () Addition
Name: SCHAFFER, MICHAEL T
Address: 1901 NW55TH AVE
City-St-Zip: GAINESVILLE, FL 32653

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: PATRICIA L SCHAFFER

MGR

05/02/2008

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