

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000080828

FILED  
May 20, 2008  
Secretary of State

**Entity Name:** LIBERTY FIBERS & LOGISTICS, LLC

**Current Principal Place of Business:**

1899 SW 31 AVENUE  
PEMBROKE PARK, FL 33009 US

**New Principal Place of Business:**

**Current Mailing Address:**

1899 SW 31 AVENUE  
PEMBROKE PARK, FL 33009 US

**New Mailing Address:**

4302 HOLLYWOOD BLVD.  
#105  
HOLLYWOOD, FL 33021 US

**FEI Number:** 26-0688392

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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: DIGIOIA, RAYMOND P  
Address: 1899 SW 31 AVENUE  
City-St-Zip: PEMBROKE PARK, FL 33009 US

Title: MGRM ( ) Delete  
Name: SAVINO, MICHAEL  
Address: 1899 SW 31 AVENUE  
City-St-Zip: PEMBROKE PARK, FL 33009 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: DIGIOIA, RAYMOND P  
Address: 4302 HOLLYWOOD BLVD # 105  
City-St-Zip: HOLLYWOOD, FL 33021 US

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:** RAYMOND DIGIOIA

MGRM

05/20/2008

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