

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000091428

Entity Name: C. P. LOGISTICS, LLC

**FILED**  
**Jan 05, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

9763 OXFORD STATION DR  
JACKSONVILLE, FL 32221

**New Principal Place of Business:**

2027 PARK ST SUITE 213  
JACKSONVILLE, FL 32205

**Current Mailing Address:**

9763 OXFORD STATION DR  
JACKSONVILLE, FL 32221

**New Mailing Address:**

FEI Number: 26-0857504

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GENERAL BUSINESS SERVICES  
12412 SAN JOSE BLVD  
SUITE 101  
JACKSONVILLE, FL 32223 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  
Name: NESMITH, CARL  
Address: 9763 OXFORD STATION DRIVE  
City-St-Zip: JACKSONVILLE, FL 32221

Title: MGRM  
Name: NESMITH, PATRICIA  
Address: 9763 OXFORD STATION DRIVE  
City-St-Zip: JACKSONVILLE, FL 32221

I hereby 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: CARL NESMITH

MGRM

01/05/2010

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