

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000110778

**FILED**  
**Feb 16, 2011**  
**Secretary of State**

**Entity Name:** MR LOGISTICS SOLUTIONS, L.L.C.

**Current Principal Place of Business:**

8615 NW 189 PLACE  
3701  
HIALEAH, FL 33015

**New Principal Place of Business:**

8607 NW 193 LANE  
MIAMI, FL 33015

**Current Mailing Address:**

8615 NW 189 PLACE  
3701  
HIALEAH, FL 33015

**New Mailing Address:**

8607 NW 193 LANE  
MIAMI, FL 33015

**FEI Number:** 22-3971409

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GOODMAN, STANLEY  
166 HIALEAH DRIVE  
HIALEAH, FL 33010 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:** RUIZ, MIGUEL A  
**Address:** 8607 NW 193 LANE  
**City-St-Zip:** MIAMI, FL 33015

**Title:** MGR  
**Name:** ZALDIVAR, JOHANNA  
**Address:** 8607 NW 193 LANE  
**City-St-Zip:** MIAMI, FL 33015

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:** MIGUEL RUIZ

MGRM

02/16/2011

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