

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000002807

Entity Name: JUSMIE LOGISTICS, LLC

FILED
Apr 28, 2009
Secretary of State

Current Principal Place of Business:

5319 EAGLE CAY WAY
COCONUT CREEK, FL 33073

New Principal Place of Business:

1100 S POWERLINE ROAD
215
DEERFIELD BEACH, FL 33442

Current Mailing Address:

5319 EAGLE CAY WAY
COCONUT CREEK, FL 33073

New Mailing Address:

1100 S POWERLINE ROAD
215
DEERFIELD BEACH, FL 33442

FEI Number: 26-1703785

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARNEIRO, JOVIE
5319 EAGLE CAY WAY
COCONUT CREEK, FL 33073 US

Name and Address of New Registered Agent:

CARNEIRO, JOVIE
1100 S. POWERLINE ROAD
215
DEERFIELD BEACH, FL 33442 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: JOVIE CARNEIRO

04/28/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CARNEIRO, JOVIE
Address: 5319 EAGLE CAY WAY
City-St-Zip: COCONUT CREEK, FL 33073

Title: MGR (X) Delete
Name: CARNEIRO, IDA
Address: 5319 EAGLE CAY WAY
City-St-Zip: COCONUT CREEK, FL 33073

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CARNEIRO, JOVIE
Address: 1100 S. POWERLINE ROAD # 215
City-St-Zip: DEERFIELD BEACH, FL 33442

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: JOVIE CARNEIRO

P

04/28/2009

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