

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000009350

Entity Name: SOISER LOGISTICS, LLC

FILED
Apr 29, 2009
Secretary of State

Current Principal Place of Business:

URB. LOS CORALES, CALLE 8 CON AV. 14, QTA.
JOSDEYMAR, PARROQUIA CARABALLEDA
ESTADO VARGAS, VENEZUELA, VN VN VN

New Principal Place of Business:

Current Mailing Address:

URB. LOS CORALES, CALLE 8 CON AV. 14, QTA.
JOSDEYMAR, PARROQUIA CARABALLEDA
ESTADO VARGAS, VENEZUELA, VN VN VN

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROLDAN, SIDLE
174 RIVERWALK CIRCLE
WESTON, FL 33326 US

Name and Address of New Registered Agent:

ROLDAN, SIDLE
2534 GOLFVIEW DR
WESTON, FL 33327 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: SIDLE ROLDAN

04/29/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SERGENT GONZALEZ, ANA CECILIA
Address: URB. LOS CORALES, CALLE 8 CON AV. 14, QTA.
City-St-Zip: ESTADO VARGAS, VENEZUELA,

Title: MGR () Delete
Name: ROLDAN, SIDLE
Address: 174 RIVERWALK CIRCLE
City-St-Zip: WESTON, FL 33326

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: ROLDAN, SIDLE
Address: 2534 GOLFVIEW DR
City-St-Zip: WESTON, FL 33327

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: SIDLE ROLDAN

MGR

04/29/2009

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