2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# L08000033802

Entity Name: REMOTE LOGISTICS LLC

Current Principal Place of Business:

4685 VILLAGE WAY
DAVIE, FL 33314

New Principal Place of Business:

2843 E ABIACA CIRCLE
DAVIE, FL 33328

Current Mailing Address:

4685 VILLAGE WAY
DAVIE, FL 33314

New Mailing Address:

2843 E ABIACA CIRCLE
DAVIE, FL 33328

FEI Number: 26-2392215 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CONTENS-PURHON, GLORIA
10730 SW 49 TERRACE
MIAMI, FL 33165 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: MGR ( ) Delete
Name: PURCHON, AMANDA
Address: 4685 VILLAGE WAY
City-St-Zip: DAVIE, FL 33314

Title: MGR ( ) Delete
Name: PURCHON, MICHAEL
Address: 4685 VILLAGE WAY
City-St-Zip: DAVIE, FL 33314

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: PURCHON, AMANDA
Address: 2843 E ABIACA CIRCLE
City-St-Zip: DAVIE, FL 33328

Title: MGR (X) Change ( ) Addition
Name: PURCHON, MICHAEL
Address: 2843 E ABIACA CIRCLE
City-St-Zip: DAVIE, FL 33328

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: AMANDA PURCHON MGR 05/01/2009

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