

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000103021

FILED
Apr 30, 2009
Secretary of State

Entity Name: LOADS ARE US LOGISTICS LLC

Current Principal Place of Business:

166 HICKS ROAD, SUITE 223
LAMONT, FL 32336

New Principal Place of Business:

Current Mailing Address:

PO BOX 161
MONTICELLO, FL 32345

New Mailing Address:

FEI Number: 80-0295324

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BROCKMAN, CASSAUNDRA
166 HICKS ROAD, SUITE 223
LAMONT, FL 32336 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 () Delete
Name: CUMMINGS, CLEVELAND
Address: 55 REED STREET
City-St-Zip: QUINCY, FL 32351

Title: MGR () Delete
Name: PHILLIPS, MELANIE
Address: 166 HICKS ROAD, SUITE 223
City-St-Zip: LAMONT, FL 32336

Title: MGR () Delete
Name: BROCKMAN, QUINTON
Address: 166 HICKS ROAD, SUITE 223
City-St-Zip: LAMONT, FL 32336

Title: MGRM (X) Delete
Name: BROCKMAN, CASSAUNDRA
Address: 166 HICKS ROAD, SUITE 223
City-St-Zip: LAMONT, FL 32336

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BROCKMAN, CASSAUNDRA L
Address: 166 HICKS ROAD, SUITE 223
City-St-Zip: LAMONT, FL 32336

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

Title: MGRM (X) Change () Addition
Name: BROCKMAN, QUINTON
Address: 166 HICKS ROAD, SUITE 223
City-St-Zip: LAMONT, FL 32336

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: CASSAUNDRA BROCKMAN

MGRM

04/30/2009

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