

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000109751

FILED
Mar 04, 2009
Secretary of State

Entity Name: ADVANTAGE COURIERS OF SOUTH FLORIDA, LLC

Current Principal Place of Business:

5304 CANNON WAY
WEST PALM BEACH, FL 33415

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 21206
WEST PALM BEACH, FL 33416

New Mailing Address:

FEI Number: 94-3455462 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LEIVA, LAURA L
5304 CANNON WAY
WEST PALM BEACH, FL 33415 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: LEIVA, LAURA L
Address: 5304 CANNON WAY
City-St-Zip: WEST PALM BEACH, FL 33415

Title: MGR () Delete
Name: LEIVA, GUSTAVO W
Address: 5304 CANNON WAY
City-St-Zip: WEST PALM BEACH, FL 33415

ADDITIONS/CHANGES:

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

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: LAURA L. LEIVA

MGR

03/04/2009

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