2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 21, 2010
Secretary of State

DOCUMENT# L09000079125

Entity Name: LOGISTIC INSURANCE, LLC

Current Principal Place of Business:

901 S.E. 17TH ST., STE 206
FT. LAUDERDALE, FL 33316

New Principal Place of Business:

901 S.E. 17TH STREET
SUITE 206
FT. LAUDERDALE, FL 33316

Current Mailing Address:

901 S.E. 17TH ST., STE 206
FT. LAUDERDALE, FL 33316

New Mailing Address:

901 S.E. 17TH STREET
SUITE 206
FT. LAUDERDALE, FL 33316

FEI Number: 27-0747969 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MAYER, ORI
130 S. UNIVERSITY DRIVE
SUITE A
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

MAYER, ORI
901 SE 17TH STREET
SUITE 206
FORT LAUDERDALE, FL 33316 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: _____ 01/21/2010
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: MAYER, TALYA
Address: 901 SE 17TH STREET, SUITE 206
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: MGR
Name: MAYER, ORI
Address: 901 SE 17TH STREET, SUITE 206
City-St-Zip: FORT LAUDERDALE, FL 33316

I hereby 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 Statues.

SIGNATURE: ORI MAYER MGR 01/21/2010
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date