

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jul 25, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L99000005136**

1. Entity Name  
**OCCIDENTAL CARGO CONSOLIDATOR, L.L.C.**



Principal Place of Business  
**8340 NW 66 ST  
MIAMI, FL 33166**

Mailing Address  
**8340 NW 66 ST  
MIAMI, FL 33166**



07232007No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0941408**

Applied For  
**Not Applicable**

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**ROVIRA, JAVIER  
9939 NW 89 AVE  
BAY #4  
MIAMI, FL**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by September 14, 2007**

U00000770507  
07/25/07-80006-015 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	ROVIRA, JAVIER ARTURO
STREET ADDRESS	8592 NW 70TH STREET
CITY-ST-ZIP	MIAMI, FL 33166
TITLE	MGR
NAME	BRICENO, PEDRO CASTELLANOS
STREET ADDRESS	8592 NW 70TH STREET
CITY-ST-ZIP	MIAMI, FL 33166
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date \_\_\_\_\_

Daytime Phone # \_\_\_\_\_