

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 14, 2001 08:00 AM****Secretary of State****DOCUMENT # M00000001790**1. Entity Name  
CROWN LOGISTIC SERVICES LLC.

Principal Place of Business 3801 CROWN POINT ROAD #1254  JACKSONVILLE FL 32257	Mailing Address 3801 CROWN POINT ROAD #1254  JACKSONVILLE FL 32257
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2. Principal Place of Business 5991 CHESTER AVE.	3. Mailing Address 5991 CHESTER AVE.
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Suite, Apt. #, etc. SUITE 209	Suite, Apt. #, etc. SUITE 209
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City & State JACKSONVILLE FL	City & State JACKSONVILLE FL
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Zip 32217	Country	Zip 32217	Country
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4. FEI Number  
**22-3733784**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  DIETRICH HENRY EJ. 3801 CROWN POINT ROAD #1254  JACKSONVILLE FL 32257	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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.

SIGNATURE \_\_\_\_\_ DATE **02/14/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DIETRICH HENRY 3801 CROWN POINT ROAD #1254 JACKSONVILLE FL 32257 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** HENRY E. DIETRICH JR. MGR 02/14/2001  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)