2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M0200000494

1. Entity Name

TWINSTACKS LOGISTICS, LLC



FILED
Apr 11, 2003 8:00 am
Secretary of State
04-11-2003 90213 030 ****55.00

Principal Piace of Business SS S.E. PARADEE FORM TO \$4444 ORYSTAL RIVER R. 34429 2. Principal Piace of Business Sulle. Aprl. #. etc. CHECK HERE IF MAKING CHANGES Sulle. Aprl. #. etc. CH					A WE THE					
Suite, Apt. #, etc. City & State	650 S.E. PARA	DISE POINT RD #4444	650 S.E. PARADISE POINT		4	41881		8 3hi 8 4hi 8 4hi	il masic árdiá t	1 201 112 1 1 42 1
City à State	2. Principal P	lace of Business	3. Mailing Address			_				
Country Zp	Suite, Apt.	#, etc.	Suite, Apt. #, etc.	_	_	\dashv	CHECK HERE IF	MAKING	CHANGES	
E. Name and Address of Current Registered Agent C. Name and Address of Current Registered Agent BURNER, FRANKIE 400 NW 8TH AVE. CRYSTAL RIVER FL 34428 Cay Cay FL Zip Code 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 Floras, I arm familiar with, and accept the declipations of registered agent, or both, in the State of Floras, I arm familiar with, and accept the declipations of registered agent and life 1 agencies. Cay FL Zip Code 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 Floras, I arm familiar with, and accept the declipations of registered agent and life 1 agencies. Cay FL Zip Code 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 Floras, I arm familiar with, and accept the declipations of registered agent, or both, in the State of Floras, I arm familiar with, and accept the declipations of registered agent ag	City & Stat	e	City & State			4. FEI Num	ber 04-3597924			
S. Name and Address of New Registered Agent Part	Zip	Country	Zip	Count	ry	5. Certifica	te of Status Desired		5.00 Add	ditional
BURNER, FRANKIE 400 NW 8TH AVE. CRYSTAL RIVER FL 34428 City City City City FL Zip Code City City FL Zip Code City City FL Zip Code City City City FL Zip Code City				<u> </u>	<u> </u>			<u></u>		<u> </u>
BURNER, FRANKIE 400 NW 8TH AVE. CRYSTAL RIVER FL 34428 City City FL ZP Code City FL ZP Code 6. 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 with an adversary of the collipations of registered agent with a 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 with an adversary of the flagstable. FILE NOW!! FEE IS \$50.010 Make Check Payable to Florida Department of State Due By May 1, 2003 9. MANAGING MEMBERS /MANAGERS 10. ADDITIONS /CHANGES CRYSTAL RIVER FL Cange Addition NAME BURNER, FRANKIE MAGR CRYSTAL RIVER FL CRYSTAL RIVER FL Change Addition NAME STREET ALDRESS CRY-ST-ZP TITLE MAGR MAGR MAGR MAGR BURNER, FRANKIE MAGR CRYSTAL RIVER FL Change Addition MAGR STREET ALDRESS CRY-ST-ZP TITLE MAGR MAGR MAGR MAGR MAGR MAGR MAGR CRYSTAL RIVER FL Change Addition MAGR MAGR STREET ALDRESS CRY-ST-ZP TITLE MAGR		6. Name and Address of Cu	rrent Registered Agent		- -	7. Name a	nd Address of New Reg	jistered A	gent	
CRYSTAL RIVER FL 34428 City FL Zp Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida, I am familiar with, and accept the obligations of registered agent. SIGNATURE				ļ		/SO D II				
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida, I am familiar with, and accept the obligations of registered agent. Signature Signature sprind or pricted name of registered agent and the I replicable. (NOTE Registered Agent signature reculted when reintatory) DATE					Street Address	E (P.O. Box Num	ber is Not Acceptable)			
SIGNATURE Signature, tyrind or printed name of registered agent and site it applicable. (NOTE Registered Agent signature required when reinitating) DATE					City			FL	Zip Cod	e
SIGNATURE Signature, Tyrind or printed name of registered agent and lite ill applicable. (NOTE Registered Agent signature required when retinatating) DATE			ent for the purpose of changing its	s registere	d office or registe	ered agent, or b	ooth, in the State of Florid	da. I am fa	I miliar with,	and accept
Signature, typed or printed name of registerod agent and life if applicable. (ROFE Registerod Agent signature injuration reclared when retriability in the printed agent of the policy in the policy i	_	ions or registered agent.								ļ
9. MANAGINS MEMBERS / MANAGERS 10. ADDITIONS / CHANGES TITLE NAME BURNER, FRANKIE 400 N.W. 8TH AVE. CRYSTAL RIVER FL TITLE NAME GRAHAM, S D 3534 YOUNG ST. TITLESVILLE FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-		Signature, typed or printed name of registered	d agent and title if applicable. (NO	TE: Registered	Agent signature require	ed when reinstating)		DATE		
MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES Addition			Make Check Payab	le to Flo	rida Departmo		N.			
TITLE NAME BURNER, FRANKIE BURNER, FRANKIE BURNER, FRANKIE BURNER, FRANKIE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME GRAHAM, S D STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP	9.		EMBERS/MANAGERS	10.			ADDITIONS/C	HANGES		
STREET ADDRESS CITY-ST-ZIP CTYSTAL RIVER FL TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE		☐ Delete	TITLE]				Change 1	☐ Addition }
CITY-ST-ZIP TITLE NAME GRAHAM, S D STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-S	NAME			NAME						-
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS			STREE	ET ADDRESS					}
NAME STREET ADDRESS CITY-ST-ZIP TITUSVILLE FL TITLE NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP	CRYSTAL RIVER FL		CITY-	ST-ZIP					ſ
NAME STREET ADDRESS CITY-ST-ZIP TITUSVILLE FL Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE	MGR	☐ Delete	TITLE		<u> </u>			Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME	Graham, S D		NAME	: [
TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS	3534 YOUNG ST.	•	STREE	T ADDRESS					1
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP	TITUSVILLE FL		CITY-	ST-ZIP					
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE		□ Delete	TITLE					☐ Change	Addition
CITY-ST-ZIP	NAME		2333	NAME	: 1		•		_ `	_
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS			STREE	et address					ì
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP			CITY-	ST-ZIP	•				}
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE		☐ Delete	TITLE				•	☐1 Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP TIFLE TIFLE NAME STREET ADDRESS CITY-ST-ZIP						*				
TITLE	ĺ	•		•	ſ					[
NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	CITY-ST-ZIP			CITY-	ST-ZIP					1
NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	DILE		☐ Dolete	TITLE	_	·- 			☐ Channe	noitibhA 🔲
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP			_ 5000							
CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP		•								}
TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP					J					}
NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP			□ Nalata						Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP			∟ ∪eietë		1					□ ∧ouiioii
CITY-ST-ZIP CITY-ST-ZIP										1
	ነ									1
		artify that the information or notice	d with this filips does not await for			Contine 110 07/	NG) Florida Pior 15	ethor ==-'	firshes star :	formation

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.
FRANKIE BURNER.

SIGNATURE: JUNE BURNEY WARD SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER

MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

(352) 543-/02/ Daytime Phone #

Attachment ANNUAL LIST OF MANAGERS OR MEMBERS AND RESIDENT A

winetacke	Logistics	LIC

644-2002

	(Name of Limited-Liability C	ompany)		
Α	Nevada	LIMITED-LIABILITY COMPANY	FOR THE FILING PERIOD	то
(State of Formation)			
	ited-Liability Company's duly appoi om process can be served is:	inted resident agent in the State of Nevada	Office Use Only	

Incorp Services, Inc. 6075 South Eastern Ave., Suite 1 Las Vegas, Nevada 89119-3146 (702) 866-2500 Phone ° (702) 866-2689 Fax www.incorpservices.com IF AGENT INFORMATION HAS CHANGED, PLEASE SEE ATTACHED INSTRUCTIONS ON HOW TO OBTAIN THE APPROPRIATE FORM.

Office Use Only	FILED #
	DEC 2 0 2002
	BITHE CIFICE OF TOWN HELLER SECRETARY OF STATE

Important. Read instructions before completing and returning this form.

- 1. Print or type names and addresses, either residence or business, for all managers, or if none, its members. A manager, or if none, a member of the company must sign the form. FORM WILL BE RETURNED IF UNSIGNED

 2. If there are additional managers or members, attach a list of them to this form.

 3. Return the completed form with the \$85.00 filing fee. A \$50.00 penalty must be added for failure to file this form by the last day of the anniversary month of the original resistance with this office.
- registration with this office.
- Make your check payable to the Secretary of State. Your cancelled check will constitute a certificate to transact business. If you need a receipt, return page 2 certificate
 and ENCLOSE A SELF-ADDRESSED STAMPED ENVELOPE. To receive a certified copy enclose a copy of this completed form, an additional \$20.00 and appropriate instructions.

5. Return the completed form to: Secretary of State, 202 North Carson Street, Carson City, NV 89701-4201, (775) 684-5708.

FILING FEE: \$85.00	LATE PENA	(F1 4: \$20.00
NAME	TITLE(S)	(Document will be rejected if Title not indicated)
Frankie Burner		
PO BOX STREET ADDRESS	CITY	· ST ZIP
6075 South Eastern Ave., Suite 1	Las Vegas	Nevada 89119-3146
NAME	TITLE(S)	(Document will be rejected if Title not indicated)
Sidney Daniel Graham	ar s	MANAGER X MEMBER
PO BOX STREET ADDRESS	CITY	ST ZIP
6075 South Eastern Ave., Suite 1	Las Vegas	Nevada 89119-3146
NAME	TITLE(S)	(Document will be rejected if Title not indicated)
		MANAGER MEMBER
PO BOX STREET ADDRESS .	CITY	, ST ZIP
6075 South Eastern Ave., Suite 1	Las Vegas	Nevada 89119-3146
NAME	TITLE(S)	(Document will be rejected if Title not indicated)
• The second control of the second contr		MANAGER MEMBER
PO BOX STREET ADDRESS	CITY	ST ZIP
6075 South Eastern Ave., Suite 1	Las Vegas	Nevada 89119-3146
NAME	TITLE(S)	(Document will be rejected if Title not indicated)
		MANAGER MEMBER
PO BOX STREET ADDRESS	CITY	ST ZIP
6075 South Eastern Ave., Suite 1	Las Vegas	Nevada 89119-3146
NAME - CANADA CA	TITLE(S)	(Document will be rejected if Title not indicated) MANAGER MEMBER
POBOX & 20 MOTO STREET ADDRESS	CITY	ST ZIP
6075 South Eastern Ave., Suite 1	Las Vegas	Nevada 89119-3146
A CONTRACT OF THE PARTY OF THE		The state of the s

gies, under penalty of perjury, that the above mentioned entity has compiled with the provisions of chapter 364A of NRS. 🥬 Dec. 3, 2002