

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000001259

FILED
Jul 17, 2008
Secretary of State

Entity Name: FREIGHT TRANSFER LOGISTICS, LLC

Current Principal Place of Business:

13846 ATLANTIC BLVD
#905
JACKSONVILLE, FL 32225

New Principal Place of Business:

4823 MARINERS POINT BLVD
JACKSONVILLE, FL 32225

Current Mailing Address:

13846 ATLANTIC BLVD
#905
JACKSONVILLE, FL 32225

New Mailing Address:

4823 MARINERS POINT BLVD
JACKSONVILLE, FL 32225

FEI Number: 20-2647410 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SHEA, MICHAEL D
13846 ATLANTIC BLVD
#905
JACKSONVILLE, FL 32225 US

Name and Address of New Registered Agent:

SHEA, MICHAEL D
4823 MARINERS POINT BLVD
JACKSONVILLE, FL 32225 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: MICHAEL D. SHEA

07/17/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SHEA, MICHAEL D
Address: 13846 ATLANTIC BLVD, #905
City-St-Zip: JACKSONVILLE, FL 32225

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SHEA, MICHAEL D
Address: 4823 MARINERS POINT DRIVE
City-St-Zip: JACKSONVILLE, FL 32225

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: MICHAEL D. SHEA

MGRM

07/17/2008

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