

2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
May 07, 2007 08:00 A
Secretary of State

DOCUMENT # M05000007038

1. Entity Name
AIMS LOGISTICS, LLC



Principal Place of Business

311 MOORE LANE
COLLIERVILLE, TN 38017

Mailing Address

311 MOORE LANE
COLLIERVILLE, TN 38017



04172007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
62-1579270

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**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 May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	HARRIS, ROSS
STREET ADDRESS	311 MOORE LANE
CITY-ST-ZIP	COLLIERVILLE, TN 38017
TITLE	MGR
NAME	ERICKSON, RICK
STREET ADDRESS	311 MOORE LANE
CITY-ST-ZIP	COLLIERVILLE, TN 38017
TITLE	MGR
NAME	NELSON, NED
STREET ADDRESS	311 MOORE LANE
CITY-ST-ZIP	COLLIERVILLE, TN 38017
TITLE	MGR
NAME	NELSON, DAVE
STREET ADDRESS	311 MOORE LANE
CITY-ST-ZIP	COLLIERVILLE, TN 38017
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000762449
05/29/07-80005-018 50.00

**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 #

4-19-07 (901) 850-2481