

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# M06000004361

FILED
Oct 23, 2009
Secretary of State**Entity Name:** COMMERCIAL CARRIER LOGISTICS, LLC**Current Principal Place of Business:**509 E HWY 92
AUBURNDALE, FL 33823**New Principal Place of Business:****Current Mailing Address:**PO BOX 1369
AUBURNDALE, FL 33823**New Mailing Address:****FEI Number:** 20-3267544**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:Title: MGR () Delete
Name: STRAUGHN, RICHARD E
Address: 502 E BRIDGERS AVENUE
City-St-Zip: AUBURNDALE, FL 33823Title: MGR () Delete
Name: FOX, ROBERT Y
Address: 502 E BRIDGERS AVENUE
City-St-Zip: AUBURNDALE, FL 33823Title: () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: MGR () Change (X) Addition
Name: NIXON, KEVIN
Address: 509 HWY 92 E
City-St-Zip: AUBURNDALE, FL 33823

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: RICHARD E STRAUGHN

MGR

10/23/2009

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