


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 07, 2008 8:00 am
Secretary of State

02-07-2008 90087 040 ***138.75

DOCUMENT # M07000006341 1. Entity Name ROOTS LOGISTICS, LLC																													
Principal Place of Business 10813 N.W. 30TH STREET, STE 100 DORAL, FL 33172			Mailing Address 10813 N.W. 30TH STREET, STE 100 DORAL, FL 33172																										
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																											
City & State Zip Country		City & State Zip Country		4. FEI Number 65-0801901 Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				01152008 Chg-LLC CR2E083 (12/06)																									
6. Name and Address of Current Registered Agent ROOTS, JAAN 10813 N.W. 30TH STREET, STE 100 DORAL, FL 33172			7. Name and Address of New Registered Agent Name ROOTS, JAAN Street Address (P.O. Box Number is Not Acceptable) 1111 NE 90th STREET City Miami FL Zip Code 33138																										
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 <u><i>Jaane Roots</i></u> JAAN ROOTS 2/4/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE																													
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State																										
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;">MGRM</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>ROOTS, JAAN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>10813 N.W. 30TH STREET, STE 100</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>DORAL, FL 33172</td> <td></td> </tr> </table>			TITLE	MGRM	<input type="checkbox"/> Delete	NAME	ROOTS, JAAN		STREET ADDRESS	10813 N.W. 30TH STREET, STE 100		CITY-ST-ZIP	DORAL, FL 33172		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;">MGRM</td> <td style="width:20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>JAAN ROOTS</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1111 NE 90th STR.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Miami, FL 33138</td> <td></td> </tr> </table>			TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	JAAN ROOTS		STREET ADDRESS	1111 NE 90th STR.		CITY-ST-ZIP	Miami, FL 33138	
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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: <u><i>Jaane Roots</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date: 2/4/08		Daytime Phone #: 786-393 7571																								