2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Nov 13, 2009
Secretary of State

DOCUMENT# M08000000901

Entity Name: COMCAR LOGISTICS, LLC

Current Principal Place of Business:

502 E. BRIDGERS AVENUE
AUBURNDALE, FL 33823

New Principal Place of Business:

Current Mailing Address:

PO DRAWER 67
AUBURNDALE, FL 33823

New Mailing Address:

FEI Number: 26-1892338 **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 323012525 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 33823

Title: MGR ( ) Delete
Name: FOX, ROBERT Y
Address: 502 E. BRIDGERS AVENUE
City-St-Zip: AUBURNDALE, FL 33823

Title: MGR ( ) Delete
Name: BURRIS, KAMERON
Address: 502 E. BRIDGERS AVENUE
City-St-Zip: AUBURNDALE, FL 33823

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change ( ) Addition
Name: SAYLOR, DAVID
Address: 201 N ELM STREET
City-St-Zip: ELM SPRINGS, AR 72728

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 11/13/2009

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