

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000061183

FILED  
Apr 03, 2009  
Secretary of State

Entity Name: FORECAST LOGISTICS, LLC

## Current Principal Place of Business:

19355 TURNBERRY WAY  
SUITE 3L  
AVENTURA, FL 33180

## New Principal Place of Business:

555 BISCAYNE BLVD.  
MIAMI, FL 33137

## Current Mailing Address:

19355 TURNBERRY WAY  
SUITE 3L  
AVENTURA, FL 33180

## New Mailing Address:

555 BISCAYNE BLVD.  
MIAMI, FL 33137

FEI Number: 11-3782685

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ROJAS, MARIA V  
19355 TURNBERRY WAY  
SUITE 3L  
AVENTURA, FL 33180 US

## Name and Address of New Registered Agent:

PARRA, GABRIEL  
555 BISCAYNE BLVD.  
MIAMI, FL 33137 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: GABRIEL PARRA

04/03/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: P ( ) Delete  
Name: ROJAS, MARIA V  
Address: 19355 TURNBERRY WAY, SUITE 3L  
City-St-Zip: AVENTURA, FL 33180

Title: MGR (X) Delete  
Name: IREGUI, HERNANDO  
Address: 19355 TURNBERRY WAY, SUITE 3L  
City-St-Zip: AVENTURA, FL 33180

Title: S (X) Delete  
Name: ROJAS, DIANA E  
Address: 19355 TURNBERRY WAY, SUITE 3L  
City-St-Zip: MIAMI, FL 33180

## ADDITIONS/CHANGES:

Title: P (X) Change ( ) Addition  
Name: PARRA, GABRIEL  
Address: 555 BISCAYNE BLVD.  
City-St-Zip: MIAMI, FL 33137

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

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

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: GABRIEL PARRA

P

04/03/2009

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