

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000141224

**Entity Name:** S-TRANS LOGISTICS, LLC

**Current Principal Place of Business:**

7848 N.W. 46TH STREET  
MIAMI, FL 33166

**Current Mailing Address:**

7848 N.W. 46TH STREET  
MIAMI, FL 33166 US

**FEI Number:** 68-0682369

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

BUSTAMANTE, SARA  
7848 N.W. 46TH STREET  
MIAMI, FL 33166 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

|                 |                       |                 |                        |
|-----------------|-----------------------|-----------------|------------------------|
| Title           | MGR                   | Title           | MGR                    |
| Name            | BUSTAMANTE, SARA      | Name            | BUSTAMANTE , ENRIQUE M |
| Address         | 7848 N.W. 46TH STREET | Address         | 14550 ST PATRICK RD    |
| City-State-Zip: | MIAMI FL 33166        | City-State-Zip: | MIAMI LAKES FL 33014   |

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** SARA BUSTAMANTE

**CEO**

**01/10/2017**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date