

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000057714

**FILED**  
**Feb 05, 2014**  
**Secretary of State**  
**CC9385895013**

**Entity Name:** TRAELOEXPRESS LLC

**Current Principal Place of Business:**

1600 NW 84TH AVE  
DORAL, FL 33126

**Current Mailing Address:**

1600 NW 84TH AVE  
DORAL, FL 33126 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

MACIAS, FABIAN  
1600 NW 84TH AVE  
DORAL, FL 33126 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  
Name MEDINA, JOSE A SR  
Address 1600 NW 84TH AVE  
City-State-Zip: DORAL FL 33126

Title MGR  
Name SANTOS, JULIA A SRA  
Address 1600 NW 84TH AVE  
City-State-Zip: DORAL FL 33126

Title MGR  
Name MACIAS, FABIAN  
Address 1600 NW 84TH AVE  
City-State-Zip: DORAL FL 33126

*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:** MACIAS , FABIAN

02/05/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date