

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000116381

**FILED**  
**Feb 15, 2018**  
**Secretary of State**  
**CC2882214297**

**Entity Name:** ARELIS TRANSPORTATION SERVICE, LLC

**Current Principal Place of Business:**

10377 S.W. 8 TERR.  
MIAMI, FL 33174

**Current Mailing Address:**

10377 S.W. 8 TERR.  
MIAMI, FL 33174

**FEI Number: 81-3041787**

**Certificate of Status Desired: No**

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

ALBALATE, ERICK  
10377 S.W. 8 TERR.  
MIAMI, FL 33174 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 MBR  
Name GARCIA, LIDIXY  
Address 10377 S.W. 8 TERR.  
City-State-Zip: MIAMI FL 33174

Title MBR  
Name ALBALATE, ERICK  
Address 10377 S.W. 8 TERR.  
City-State-Zip: MIAMI FL 33174

Title MGRM  
Name ALBALATE, ERICK  
Address 10377 S.W. 8 TERR.  
City-State-Zip: MIAMI FL 33174

*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: ERICK ALBALATE**

**MGRM**

**02/15/2018**

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

\_\_\_\_\_  
Date