| MIAMI GARDE | | | |
|--|--|----------------------------------|---|
| Current Mai | iling Address: | | |
| 3765 NW 17 MIAMI GAR | '6TH ST DENS, FL 33055 US | | |
| FEI Number | r: 87-2577631 | | Certificate of Status Desired: Yes |
| Name and A | Address of Current Registered Agent: | | |
| Nume and P | | | |
| VIDAL CORRE 3765 NW 176T | | | |
| VIDAL CORRE 3765 NW 176T MIAMI GARDE | H ST | g its registered office or regis | tered agent, or both, in the State of Florida. |
| VIDAL CORRE 3765 NW 176T MIAMI GARDE The above name | H ST NS, FL 33055 US | g its registered office or regis | tered agent, or both, in the State of Florida. $03/30/20$ |
| VIDAL CORRE 3765 NW 176T MIAMI GARDE The above name | H ST NS, FL 33055 US d entity submits this statement for the purpose of changing | g its registered office or regis | |
| VIDAL CORRE 3765 NW 176T MIAMI GARDE The above name SIGNATURE | H ST NS, FL 33055 US d entity submits this statement for the purpose of changing E: VIDAL CORREA ADRIAN R | g its registered office or regis | 03/30/20 |
| VIDAL CORRE 3765 NW 176T MIAMI GARDE The above name SIGNATURE | H ST NS, FL 33055 US d entity submits this statement for the purpose of changing E: VIDAL CORREA ADRIAN R Electronic Signature of Registered Agent | g its registered office or regis | 03/30/20 |
| VIDAL CORRE 3765 NW 176T MIAMI GARDE The above name SIGNATURE Authorized | H ST NS, FL 33055 US d entity submits this statement for the purpose of changing E: VIDAL CORREA ADRIAN R Electronic Signature of Registered Agent Person(s) Detail : | | 03/30/20 Date |
| VIDAL CORRE 3765 NW 176T MIAMI GARDE The above name SIGNATURE Authorized Title | H ST NS, FL 33055 US d entity submits this statement for the purpose of changing E: VIDAL CORREA ADRIAN R Electronic Signature of Registered Agent Person(s) Detail : AMBR | Title | 03/30/20 Date |

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: VIDAL CORREA, ADRIAN R

AMBR

03/30/2023

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000399637

Entity Name: A&B TRUCKING TRANSPORT LLC

Current Principal Place of Business:

3765 NW 176TH ST

FILED Mar 30, 2023 **Secretary of State** 0545672349CC

Electronic Signature of Signing Authorized Person(s) Detail

Date