# DOCUMENT# N17000008924

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: SOUTH FLORIDA LETTER CARRIERS HOLDING CORPORATION

Current Principal Place of Business:

4225 FLAMINGO ROAD MIRAMAR, FL 33027

# **Current Mailing Address:**

4225 FLAMINGO ROAD MIRAMAR, FL 33027 US

### FEI Number: 59-6155070

Name and Address of Current Registered Agent:

ROTH, JEFFREY C 866 S. DIXIE HWY. CORAL GABLES, FL 33146 US FILED Feb 02, 2022 Secretary of State 7864375749CC

Certificate of Status Desired: Yes

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

# **Officer/Director Detail :**

| Title           | P/D                     | Title           | SD                       |  |
|-----------------|-------------------------|-----------------|--------------------------|--|
| Name            | NUTTER, BILLIE          | Name            | ROSE, MATTHEW            |  |
| Address         | 19616 BOB O LINK DR.    | Address         | 129 ASHBY COVE LN.       |  |
| City-State-Zip: | HIALEAH FL 33015        | City-State-Zip: | NEW SMYRNA BCH. FL 32168 |  |
| Title           | D                       | Title           | D                        |  |
| Name            | FRENANDEZ, FREDDY       | Name            | WALKER, STEPHON C        |  |
| Address         | 1150 WEST 44 SREET      | Address         | 2521 CALKAMONDIN CIRCLE  |  |
| City-State-Zip: | HIALEAH FL 33012        | City-State-Zip: | COCNUT CREEK FL 33063    |  |
| Title           | D                       | Title           | T/D                      |  |
| Name            | OLIVERAS, EDDIE         | Name            | PEREZ, EUGENIO           |  |
| Address         | 19421 NW 3 STREET       | Address         | 6501 S.W. 7 ST.          |  |
| City-State-Zip: | PEMBROKE PINES FL 33029 | City-State-Zip: | PEMBROKE PINES FL 33023  |  |
| Title           | VP                      |                 |                          |  |

| The             | VI                |  |  |
|-----------------|-------------------|--|--|
| Name            | GILL, MICHAEL J   |  |  |
| Address         | 18682 SW 93 COURT |  |  |
| City-State-Zip: | MIAMI FL 33157    |  |  |

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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

# SIGNATURE: EUGENIO PEREZ

TD

Date

Electronic Signature of Signing Officer/Director Detail