

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000127244

**Entity Name:** R & L CARRIERS STRATEGIC MANAGEMENT, L.L.C.**Current Principal Place of Business:**600 GILLAM ROAD  
WILMINGTON, OH 45177**Current Mailing Address:**600 GILLAM ROAD  
WILMINGTON, OH 45177 US**FEI Number:** 26-1706408**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 CHAIRMAN  
Name ROBERTS, SR., RALPH L SR.  
Address 600 GILLAM ROAD  
City-State-Zip: WILMINGTON OH 45177

Title ASEC  
Name WADE, JEFFREY C  
Address 600 GILLAM ROAD  
City-State-Zip: WILMINGTON OH 45177

Title CEO  
Name ROBERTS, ROBY L  
Address 600 GILLAM ROAD  
City-State-Zip: WILMINGTON OH 45177

Title VP, SECRETARY  
Name DELUCA, DONALD  
Address 7290 COLLEGE PKWY, SUITE 400  
City-State-Zip: FT MYERS FL 33907

Title CFO  
Name SHROYER, MIKE  
Address 600 GILLAM ROAD  
City-State-Zip: WILMINGTON OH 45177

Title VP, ASST. TREASURER  
Name HAUNGS, JEFF  
Address 7290 COLLEGE PKWY  
SUITE 400  
City-State-Zip: FT MYERS FL 33907

*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:** JEFFREY C WADE**ASSISTANT SECRETARY** 04/29/2016\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date