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: ALFONSO CUBILLOS

Electronic Signature of Signing Authorized Person(s) Detail

FEI Number: 26-2462393 Name and Address of Current Registered Agent:

DOCUMENT# L08000042991

8377 SW 56 TERRACE OCALA, FL 34476

Current Principal Place of Business:

SOLUTIONS CARRIERS, L.L.C. 8377 SW 56 TERRACE OCALA, FL 34476 US

Current Mailing Address: 8377 SW 56 TERRACE OCALA, FL 34476

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

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: STAGECOACH TRANSPORTATION LLC

Authorized Person(s) Detail :

Title	PRESIDENT	Title	VP
Name	CUBILLOS, ALFONSO	Name	RENGIFO, MARIA VICTORIA
Address	8377 SW 56 TERRACE	Address	8377 SW 56 TERRACE
City-State-Zip:	OCALA FL 34476	City-State-Zip:	OCALA FL 34476

04/29/2024 PRESIDENT

FILED Apr 29, 2024 Secretary of State

3683293131CC

Certificate of Status Desired: No

Date

Date