

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000010188

**Entity Name:** JZ EXPEDITED LOGISTICS, LLC

**Current Principal Place of Business:**

9601 NORTH MAIN STREET DRIVE  
SUITE 1  
JACKSONVILLE, FL 32218

**Current Mailing Address:**

9601 NORTH MAIN STREET DRIVE  
SUITE 1  
JACKSONVILLE, FL 32218 US

**FEI Number:** 26-3690393

**Certificate of Status Desired:** No

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

CRAWFORD, JOHN R  
1200 RIVERPLACE BLVD. STE. 800  
JACKSONVILLE, FL 32207 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:** JOHN R. CRAWFORD

04/16/2017

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title           MANAGER, PRESIDENT  
Name           FOX, ROBERT  
Address        9601 NORTH MAIN STREET DRIVE  
                  SUITE 1  
City-State-Zip: JACKSONVILLE FL 32218

Title           ASSISTANT MANAGER  
Name           FOX, ZACHARY  
Address        9601 NORTH MAIN STREET DRIVE  
                  SUITE 1  
City-State-Zip: JACKSONVILLE FL 32218

Title           SECRETARY  
Name           SMITH, PHALLY  
Address        9601 NORTH MAIN STREET DRIVE  
                  SUITE 1  
City-State-Zip: JACKSONVILLE FL 32218

Title           MANAGER, VP  
Name           FOX, MARIA  
Address        9601 NORTH MAIN STREET DRIVE  
                  SUITE 1  
City-State-Zip: JACKSONVILLE FL 32218

*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:** ROBERT FOX

MANAGER

04/16/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date