

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000077516

Entity Name: SUNBELT TRANSPORT, LLC**Current Principal Place of Business:**1414 LINDROSE ST
JACKSONVILLE, FL 32206**Current Mailing Address:**1414 LINDROSE STREET
JACKSONVILLE, FL 32206 US**FEI Number:** 27-0735068**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**F & L CORP.
ONE INDEPENDENT DR., SUITE 1300
JACKSONVILLE, FL 32202-3520 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 MGR
Name PENLAND, DAVID V SR
Address 1414 LINDROSE ST
City-State-Zip: JACKSONVILLE FL 32206

Title AMBR
Name PENLAND, MATTHEW
Address 1414 LINDROSE STREET
City-State-Zip: JACKSONVILLE FL 32206

Title SECRETARY
Name PENLAND, CYNTHIA
Address 1414 LINDROSE STREET
City-State-Zip: JACKSONVILLE FL 32206

Title AMBR
Name PENLAND, DAVID V JR
Address 1414 LINDROSE STREET
City-State-Zip: JACKSONVILLE FL 32206

Title AMBR
Name PENLAND, THADDEUS
Address 1414 LINDROSE STREET
City-State-Zip: JACKSONVILLE FL 32206

Title AMBR
Name PENLAND, AARON
Address 1414 LINDROSE STREET
City-State-Zip: JACKSONVILLE FL 32206

Title AUTHORIZED REPRESENTATIVE
Name SLOAN, ERIN
Address 1414 LINDROSE ST
City-State-Zip: JACKSONVILLE FL 32206

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: DAVID PENLAND, SR.

MGR

01/21/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date