

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000108738

**Entity Name:** SOUTHERN TRANSPORT SERVICES, LLC

**Current Principal Place of Business:**

11540 HWY 92 EAST  
SEFFNER, FL 33584

**Current Mailing Address:**

11540 HWY 92 EAST  
SEFFNER, FL 33584

**FEI Number:** 45-3449006

**Certificate of Status Desired:** No

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

CT CORPORATION SYSTEM  
1200 S PINE ISLAND STE 250  
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           MANAGER  
Name           SE INDEPENDENT DELIVERY  
                  SERVICES, INC.  
Address        11540 US HIGHWAY 92 EAST  
City-State-Zip: SEFFNER FL 33584

Title           PRESIDENT, SECRETARY,  
                  TREASURER  
Name           MARPLE, JEFF  
Address        11540 HWY 92 EAST  
City-State-Zip: SEFFNER FL 33584

Title           VP  
Name           TIPPING, CHARLIE  
Address        11540 HWY 92 EAST  
City-State-Zip: SEFFNER FL 33584

Title           VP  
Name           COHEN, MATT  
Address        11540 HWY 92 EAST  
City-State-Zip: SEFFNER FL 33584

*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:** MATTHEW COHEN

VP

01/21/2019

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date