

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000129640

**Entity Name:** FIDUS PARALOGISTICS LLC

**Current Principal Place of Business:**

3613 NW 52 TERRACE  
GAINESVILLE, FL 32606

**Current Mailing Address:**

3613 NW 52 TERRACE  
GAINESVILLE, FL 32606

**FEI Number:** 47-1641338

**Certificate of Status Desired:** No

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

FIDUS PARALOGISTICS LLC  
5000 NW 27TH COURT SUITE D  
GAINESVILLE, FL 32606 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:** CYNTHIA LONG

04/24/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name MADAMBA, JOHN-JOHN  
Address 3613 NW 52 TERRACE  
City-State-Zip: GAINESVILLE FL 32606

Title AMBR  
Name MAGALLONES, RODBREN  
Address 3613 NW 52 TERRACE  
City-State-Zip: GAINESVILLE FL 32606

Title AMBR  
Name CALANZA, CRIS  
Address 3613 NW 52 TERRACE  
City-State-Zip: GAINESVILLE FL 32606

*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:** CRIS CALANZA

AMBR

04/24/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date