

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000203429

**Entity Name:** F.T.S LOGISTICS LLC

**Current Principal Place of Business:**

3545 ST JOHN BLUFF ROAD SOUTH  
STE 1 #218  
JACKSONVILLE, FL 32224

**Current Mailing Address:**

3545 ST JOHNS BLUFF RD S  
STE 1 #218  
JACKSONVILLE, FL 32224 US

**FEI Number:** 82-2961793

**Certificate of Status Desired:** Yes

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

WILLIS, WAYNE JR  
3737 ST JOHNS BLUFF RD SOUTH  
# 2504  
JACKSONVILLE, FL 32224 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 WILLIS, ARMONI  
Address 3545 ST JOHNS BLUFF RD S  
STE 1 #218  
City-State-Zip: JACKSONVILLE FL 32224

Title PRESIDENT  
Name WILLIS, WAYNE JR  
Address 3545 ST JOHNS BLUFF RD S  
STE 1 #218  
City-State-Zip: JACKSONVILLE FL 32224

*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:** WAYNE WILLIS

**PRESIDENT**

**05/07/2020**

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

\_\_\_\_\_  
Date