

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000249043

Entity Name: BLUE ORBIS LOGISTICS, LLC**Current Principal Place of Business:**28648 LISBURN COURT
BONITA SPRINGS, FL 34135**Current Mailing Address:**P.O. BOX 367323
BONITA SPRINGS, FL 34136 US**FEI Number:** 82-4088366**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BLUE ORBIS CAPITAL ADVISORS, LLC
28648 LISBURN COURT
BONITA SPRINGS, FL 34135 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:** DONALD SKELTON

04/04/2019

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title CHAIRMAN
Name SKELTON, DONALD H
Address P.O. BOX 367323
City-State-Zip: BONITA SPRINGS FL 34136

Title COO
Name HURSEY, CHRIS
Address P. O. BOX 367323
City-State-Zip: BONITA SPRINGS FL 34136

Title PROJECT MANAGER
Name LISS, ROBERT
Address P.O. BOX 367323
City-State-Zip: BONITA SPRINGS FL 34136

Title ADVISOR
Name KOWALSKI, GARY
Address P.O. BOX 367323
City-State-Zip: BONITA SPRINGS FL 34136

Title ADVISOR
Name THOMAS, BILL
Address P.O. BOX 367323
City-State-Zip: BONITA SPRINGS FL 34136

Title SECRETARY
Name SKELTON, MICHELE
Address P.O. BOX 367323
City-State-Zip: BONITA SPRINGS FL 34136

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: DONALD SKELTON

CHAIRMAN

04/04/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date