

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000172254

**Entity Name:** UDP ICARUS LOGISTICS LLC**Current Principal Place of Business:**FINCA DE ASTURIAS POLIGONO B # 44  
SANTA TECLA LA LIBERTAD, OC 00000**Current Mailing Address:**FINCA DE ASTURIAS POLIGONO B # 44  
SANTA TECLA LA LIBERTAD, OC 00000**FEI Number:** APPLIED FOR**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**EXPRESS CORPORATE FILING SERVICE, INC.  
1000 PONCE DE LEON BLVD., STE 105  
CORAL GABLES, FL 33134 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	AMBR
Name	JOSE MIGUEL ALEJANDRO CALDERON ESCOBAR
Address	FINCA DE ASTURIAS POLIGONO B # 44
City-State-Zip:	SANTA TECLA LA LIBERTAD OC 00000
Title	AMBR
Name	DAVID ORLANDO GARCIA ALAS
Address	FINCA DE ASTURIAS POLIGONO B # 44
City-State-Zip:	SANTA TECLA LA LIBERTAD OC 00000

Title	MGR
Name	JOSE MIGUEL ALEJANDRO CALDERON ESCOBAR
Address	FINCA DE ASTURIAS POLIGONO B # 44
City-State-Zip:	SANTA TECLA LA LIBERTAD OC 00000
Title	MGR
Name	DAVID ORLANDO GARCIA ALAS
Address	FINCA DE ASTURIAS POLIGONO B # 44
City-State-Zip:	SANTA TECLA LA LIBERTAD OC 00000

*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:** JOSE MIGUEL ALEJANDRO CALDERON ESCOBAR AMBR**04/29/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date