

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000257741

**Entity Name:** 2 QUEENS TRANSPORT AND LOGISTICS, LLC**Current Principal Place of Business:**5325 CORTLAND DR  
DAVENPORT, FL 33837**Current Mailing Address:**P.O.BOX 618621  
ORLANDO, FL 32861**FEI Number:** 83-2362264**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**THE RESTING PLACE ORGANIZATION CORP.  
1826 LONDON CREST DR,  
UNIT 128  
ORLANDO, FL 32818 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	PRESIDENT
Name	WELLINGTON, VICTORIA
Address	5325 CORTLAND DR
City-State-Zip:	DAVENPORT FL 33837

Title	AUTHORIZED MEMBER
Name	LOCKWOOD, CAROLYN
Address	P.O.BOX 618621
City-State-Zip:	ORLANDO FL 32861

Title	CFO
Name	MCBRIDE, SUZETTE
Address	P O BOX 616314
City-State-Zip:	ORLANDO FL 32861

Title	MGR
Name	MCGEE, JESSE
Address	138-26 BROOKVILLE BOULEVARD
City-State-Zip:	ROSEDALE NY 11422

*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:** VICTORIA WELLINGTON

PRESIDENT

04/29/2020

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