

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000234935

Entity Name: AUTOMATED PICKING SYSTEMS LLC**Current Principal Place of Business:**2255 NW 4TH PL
GAINESVILLE, FL 32603**Current Mailing Address:**2255 NW 4TH PL
GAINESVILLE, FL 32603 US**FEI Number:** 85-2573319**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**THE LOSEN, WELLS SHANNON
2255 NW 4TH PL
GAINESVILLE, FL 32603 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:** WELLS S THE LOSEN

02/06/2023

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	PRESIDENT
Name	THE LOSEN, JACOB W
Address	2255 NW 4TH PL
City-State-Zip:	GAINESVILLE FL 32603

Title	VP
Name	THE LOSEN, WELLS S
Address	2255 NW 4TH PL
City-State-Zip:	GAINESVILLE FL 32603

Title	AMBR
Name	GELLERMAN, NEVADA
Address	1035 SW 9TH ST., APT J1
City-State-Zip:	GAINESVILLE FL 32601

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: JACOB THE LOSEN

PRESIDENT

02/06/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date