#### 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.

DIRECTOR

SIGNATURE: MICHAELA ANTOINE

Authorized Person(s) Detail ·

Authorized Person(s) Detail :				
Title	DIRECTOR	Title	MANAGER	
Name	ANTOINE, MICHAELA	Name	ADHEMAR, WINSON	
Address	P.O.BOX 291455	Address	P.O BOX 291455	
City-State-Z	(ip: TAMPA FL 33687	City-State-Zip:	TAMPA FL 33687	

## 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000252578

Entity Name: QUEEN TRANSPORT ENTERPRISE, LLC

#### **Current Principal Place of Business:**

8975 HERITAGE LANE APT. 525 TEMPLE TERRACE, FL 33617

#### **Current Mailing Address:**

P. O. BOX 291455 TAMPA, FL 33687 US

### FEI Number: 85-2894618

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

ANTOINE, MICHAELA 8975 HERITAGE LANE APT.525 TEMPLE TERRACE, FL 33617 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. Electronic Signature of Registered Agent

# SIGNATURE:

04/26/2024

Electronic Signature of Signing Authorized Person(s) Detail

FILED Apr 26, 2024 Secretary of State 8739299412CC

Date

Certificate of Status Desired: No

Date