

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000342311

Entity Name: 904 TRANSPORTATION & LOGISTICS, LLC**Current Principal Place of Business:**5939 EARLY HARVEST CT.
FLEMING ISLAND, FL 32003**Current Mailing Address:**5939 EARLY HARVEST CT
FLEMING ISLAND, FL 32003 UN**FEI Number:** 86-2315541**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ROBINSON, THOMAS G
5939 EARLY HARVEST CT.
FLEMING ISLAND CLAY, FL 32003 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:** THOMAS ROBINSON

03/07/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title PRESIDENT
Name ROBINSON, THOMAS G
Address 5939 EARLY HARVEST CT.
City-State-Zip: FLEMING ISLAND FL 32003

Title MGR
Name ROBINSON, THOMAS G
Address 5939 EARLY HARVEST CT.
City-State-Zip: FLEMING ISLAND FL 32003

Title MGR
Name ROBINSON, THOMAS G
Address 5939 EARLY HARVEST CT.
City-State-Zip: FLEMING ISLAND FL 32003

Title MGR
Name ROBINSON, THOMAS G
Address 5939 EARLY HARVEST CT.
City-State-Zip: FLEMING ISLAND FL 32003

Title MGR
Name ROBINSON, THOMAS G
Address 5939 EARLY HARVEST CT.
City-State-Zip: FLEMING ISLAND FL 32003

Title MGR
Name ROBINSON, THOMAS G
Address 5939 EARLY HARVEST CT.
City-State-Zip: FLEMING ISLAND FL 32003

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: THOMAS GERARD ROBINSON

OWNER

03/07/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date