## 2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000445282

Entity Name: KALIAN LOGISTICS LLC

Current Principal Place of Business:

15595 NW 5TH ST

PEMBROKE PINES. FL 33028

**Current Mailing Address:** 

15595 NW 5TH ST

PEMBROKE PINES, FL 33028 US

FEI Number: 87-3060901 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

VULCAIN, JAMES 15595 NW 5TH ST PEMBROKE PINES, FL 33028 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

FILED Mar 09, 2023

**Secretary of State** 

2660187809CC

Authorized Person(s) Detail:

Title MGR Title MGR

NameVULCAIN, JAMESNameKHAWLY, YANNI CAddress15595 NW 5TH STAddress15595 NW 5TH ST

City-State-Zip: PEMBROKE PINES FL 33028 City-State-Zip: PEMBROKE PINES FL 33028

Title MGR Title MGR

Name KHAWLY, STEVEN A Name KHAWLY, SEBASTIAN V

Address 15595 MW 5TH ST Address 15595 NW 5TH ST

City-State-Zip: PEMBROKE PINES FL 33028 City-State-Zip: PEMBROKE PINES FL 33028

Title MGR Title MGR

Name KHAWLY, STEEVE Name KHAWLY, PATRICIA SMITH

Address 15595 NW 5TH ST Address 15595 NW 5TH ST

City-State-Zip: PEMBROKE PINES FL 33028 City-State-Zip: PEMBROKE PINES FL 33028

Title MGR Title MGR

Name VALLES, OLIVIER Name CHAUVET, BERNARD EMMANUEL

Address 15595 NW 5TH ST Address 15595 NW 5TH ST

City-State-Zip: PEMBROKE PINES FL 33028 City-State-Zip: PEMBROKE PINES FL 33028

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: PATRICIA SMITH KHAWLY

MANAGER

03/09/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date