#### 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.

MGR

SIGNATURE: LATAVIA HARRIS

Electronic Signature of Signing Authorized Person(s) Detail

# Name and Address of Current Registered Agent:

SANCHO, SANJI 10896 LYDIA ESTATES DR JACKSONVILLE, FL 32218 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

### Authorized Person(s) Detail :

Title	MGR	Title	AMBR
Name	HARRIS, LATAVIA L	Name	SANCHO, SANJI K
Address	10896 LYDIA ESTATES DR	Address	10896 LYDIA ESTATES DRIVE
City-State	e-Zip: JACKSONVILLE FL 32218	City-State-Zip:	JACKSONVILLE FL 32218
Title	AP		
Title Name	AP EVANS, TATITANIA T		
	EVANS, TATITANIA T		
Name	EVANS, TATITANIA T 10896 LYDIA ESTATES DR		

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT# L21000477631

#### Entity Name: L A S T CARRIER AND TRANSPORTATION LLC

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

10896 LYDIA ESTATES DR JACKSONVILLE, FL 32218

## **Current Mailing Address:**

**10896 LYDIA ESTATES DRIVE** JACKSONVILLE, FL 32218

### FEI Number: 85-3383486

Certificate of Status Desired: No

04/27/2022 Date

FILED Apr 27, 2022 Secretary of State 0844779046CC

Date