

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000024920

**Entity Name:** RIMAN LOGISTICS, LLC

**Current Principal Place of Business:**

4391 SW 141ST AVE  
DAVIE, FL 33330

**Current Mailing Address:**

4391 SW 141ST AVE  
DAVIE, FL 33330

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

RIQUEZES, LUIS  
4391 SW 141ST AVE  
DAVIE, FL 33330 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

**Authorized Person(s) Detail :**

Title	MGR	Title	AUTHORIZED MEMBER
Name	RIQUEZES, LUIS	Name	MANTELLINI, MARIA G
Address	4391 SW 141ST AVE	Address	4391 SW 141ST AVE
City-State-Zip:	DAVIE FL 33330	City-State-Zip:	DAVIE FL 33330

*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:** LUIS RIQUEZES

MANAGER

04/09/2023

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date