

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M03000003391

**Entity Name:** DICKINSON FLEET SERVICES LLC

**Current Principal Place of Business:**

6205-A PEACHTREE DUNWOODY ROAD  
ATLANTA, GA 30328

**Current Mailing Address:**

6205-A PEACHTREE DUNWOODY ROAD  
ATLANTA, GA 30328 US

**FEI Number:** 35-2004182

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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 ASSISTANT SECRETARY  
Name AVILA, LUIS A.  
Address 6205-A PEACHTREE DUNWOODY ROAD  
City-State-Zip: ATLANTA GA 30328

Title MEMBER  
Name DFS INTERMEDIATE HOLDINGS, LLC  
Address 6205-A PEACHTREE DUNWOODY ROAD  
City-State-Zip: ATLANTA GA 30328

Title VICE PRESIDENT  
Name SIEGEL, REBECCA L.  
Address 6205-A PEACHTREE DUNWOODY ROAD  
City-State-Zip: ATLANTA GA 30328

Title SECRETARY  
Name HIGHTOWER, JENNIFER  
Address 6205-A PEACHTREE DUNWOODY ROAD  
City-State-Zip: ATLANTA GA 30328

Title VICE PRESIDENT, TREASURER  
Name FRIEDMAN, MARIA L.  
Address 6205-A PEACHTREE DUNWOODY ROAD  
City-State-Zip: ATLANTA GA 30328

Title EXECUTIVE OFFICER  
Name COLTRAIN, TED  
Address 6205-A PEACHTREE DUNWOODY ROAD  
City-State-Zip: ATLANTA GA 30328

Title CHIEF INFORMATION OFFICER  
Name FIFE, PATRICK  
Address 6205-A PEACHTREE DUNWOODY ROAD  
City-State-Zip: ATLANTA GA 30328

Title CHIEF FINANCIAL OFFICER  
Name HENCHON, DAVID  
Address 6205-A PEACHTREE DUNWOODY ROAD  
City-State-Zip: ATLANTA GA 30328

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*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 A. AVILA

**ASSISTANT SECRETARY** 04/26/2023

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

\_\_\_\_\_  
Date

**Authorized Person(s) Detail Continued :**

Title            PRESIDENT, EXECUTIVE OFFICER  
Name            DICKINSON, MICHAEL  
Address        6205-A PEACHTREE DUNWOODY ROAD  
City-State-Zip: ATLANTA GA 30328