

2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M0800000413

Entity Name: PATRIOT TRUCK LEASING, LLC

Current Principal Place of Business:

2727 N CENTRAL AVE
PHOENIX, AZ 85004

Current Mailing Address:

2721 N CENTRAL AVE
PHOENIX, AZ 85004 US

FEI Number: 20-4804293

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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	MANAGER	Title	MANAGER, PRESIDENT
Name	TAYLOR, JOHN C	Name	SHOEN, SAMUEL J
Address	2727 N CENTRAL AVE	Address	2727 N CENTRAL AVE
City-State-Zip:	PHOENIX AZ 85004	City-State-Zip:	PHOENIX AZ 85004

Title	MANAGER	Title	TREASURER
Name	PIASTRO, TIFFANI M	Name	BERG, JASON A
Address	2727 N CENTRAL AVE	Address	2727 N CENTRAL AVE
City-State-Zip:	PHOENIX AZ 85004	City-State-Zip:	PHOENIX AZ 85004

Title	SECRETARY	Title	ASST. SECRETARY
Name	CAMPBELL, KRISTINE	Name	WINKELMAN, STEPHEN R
Address	2727 N CENTRAL AVENUE	Address	2721 N CENTRAL AVENUE
City-State-Zip:	PHOENIX AZ 85004	City-State-Zip:	PHOENIX AZ 85004

Title	ASST. TREASURER	Title	ASST. TREASURER
Name	BRIDGEMAN, TOBIAS C	Name	HARTE, KEVIN J
Address	5555 KIETZKE LANE #100	Address	5555 KIETZKE LANE #100
City-State-Zip:	RENO NV 89511	City-State-Zip:	RENO NV 89511

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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: KRISTINE CAMPBELL

SECRETARY

04/18/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title ASST. SECRETARY
Name CHADWICK, WESLEY
Address 2721 N CENTRAL AVENUE
City-State-Zip: PHOENIX AZ 85004