2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M14000008615

Entity Name: TFORCE LOGISTICS EAST, LLC

Current Principal Place of Business:

14881 QUORUM DRIVE

SUITE 700

DALLAS, TX 75254-7069

Current Mailing Address:

14881 QUORUM DRIVE

SUITE 700

DALLAS, TX 75254-7069 US

FEI Number: 98-0157119 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:

Address

Electronic Signature of Registered Agent

Date

FILED Mar 14, 2024

Secretary of State

1945243949CC

Authorized Person(s) Detail:

Title MGR Title MGR

LANGLOIS, JOSIANE M Name BEDARD, ALAIN Name

> 14881 QUORUM DRIVE Address 14881 QUORUM DRIVE SUITE 700 SUITE 700

DALLAS TX 75254-7069 DALLAS TX 75254-7069 City-State-Zip: City-State-Zip:

Title MGR Title MGR

LESLIE, DAN Name QUESNEL, MARTIN Name

14881 QUORUM DRIVE 14881 QUORUM DRIVE Address Address

SUITE 700 SUITE 700

DALLAS TX 75254-7069 City-State-Zip: City-State-Zip: DALLAS TX 75254-7069

Title MGR Title **MANAGER** HOWARD, JUSTIN HASHIE, RICK Name Name

14881 QUORUM DRIVE 14881 QUORUM DRIVE Address Address

SUITE 700 SUITE 700

City-State-Zip: DALLAS TX 75254-7069 City-State-Zip: DALLAS TX 75254-7069

Title **MANAGER** D'AMICO, RICH Name

Address 14881 QUORUM DRIVE

SUITE 700

City-State-Zip: DALLAS TX 75254-7069

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.

03/14/2024 SIGNATURE: DAN LESLIE MANAGER

Electronic Signature of Signing Authorized Person(s) Detail

Date