

2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M16000009800

Entity Name: LOGISTEC GULF COAST LLC**Current Principal Place of Business:**2327 S. DOCK STREET
PALMETTO, FL 34221**Current Mailing Address:**360 ST. JACQUES STREET WEST
SUITE 1500
MONTREAL, QC H2Y-1P5 CA**FEI Number:** 81-4471544**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 D
Name DUGAS, JEAN-CLAUDE
Address 2327 S. DOCK STREET
City-State-Zip: PALMETTO FL 34221Title S
Name STEFANCIC, INGRID
Address 2327 S. DOCK STREET
City-State-Zip: PALMETTO FL 34221Title DC
Name CORRIGAN, RODNEY
Address 2327 S. DOCK STREET
City-State-Zip: PALMETTO FL 34221Title DP
Name TAGER, RICHARD D
Address 2327 S. DOCK STREET
City-State-Zip: PALMETTO FL 34221Title D
Name PAQUIN, NICOLE
Address 2327 S. DOCK STREET
City-State-Zip: PALMETTO FL 34221Title D
Name PILOTTE, ALAIN
Address 2327 S. DOCK STREET
City-State-Zip: PALMETTO FL 34221Title T
Name BRUNET, MATHIEU
Address 2327 S. DOCK STREET
City-State-Zip: PALMETTO FL 34221

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: INGRID STEFANCIC**SECRETARY****01/23/2020**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date