

**2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M16000010233

**Entity Name:** JPATS LOGISTICS SERVICES, LLC

**Current Principal Place of Business:**

7315 N ATLANTIC AVENUE  
CAPE CANAVERAL, FL 32920

**Current Mailing Address:**

7315 N ATLANTIC AVENUE  
CAPE CANAVERAL, FL 32920 US

**FEI Number:** 81-4669559

**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 CHAIRMAN, MANAGER  
Name BOYD, SHAUN  
Address 7315 N ATLANTIC AVENUE  
City-State-Zip: CAPE CANAVERAL FL 32920

Title ASST. SECRETARY  
Name TREPANIER, MICHELLE  
Address 7315 N ATLANTIC AVENUE  
City-State-Zip: CAPE CANAVERAL FL 32920

Title SECRETARY  
Name MONOKIAN, DUSTIN  
Address 7315 N. ATLANTIC AVENUE  
City-State-Zip: CAPE CANAVERAL FL 32920

Title TREASURER  
Name KLEM, LAURIE  
Address 7315 N. ATLANTIC AVENUE  
City-State-Zip: CAPE CANAVERAL FL 32920

Title MANAGER  
Name WALLEY, JEANETTE  
Address 7315 N ATLANTIC AVENUE  
City-State-Zip: CAPE CANAVERAL FL 32920

Title MANAGER  
Name ROMA, MICHAEL  
Address 7315 N ATLANTIC AVENUE  
City-State-Zip: CAPE CANAVERAL FL 32920

Title MANAGER  
Name FELIX, CARLOS  
Address 7315 N ATLANTIC AVENUE  
City-State-Zip: CAPE CANAVERAL FL 32920

*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:** MICHELLE TREPANIER

**ASSISTANT SECRETARY 04/30/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date