

2020 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 CELTRUDA, CHRISTOPHER
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

ASST. SECRETARY

04/28/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date