# 2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

#### DOCUMENT# M1900008846

### Entity Name: PRECISION TERMINAL LOGISTICS, LLC

## **Current Principal Place of Business:**

140 BROADWAY NEW YORK CITY, NY 10005

# **Current Mailing Address:**

140 BROADWAY NEW YORK CITY, NY 10005 US

# FEI Number: 84-2893260

## Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US Certificate of Status Desired: No

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

#### Authorized Person(s) Detail :

Title	AUTHORIZED SIGNOR	Title	MANAGER
Name	MORGAN, SCOTT	Name	GILBERTSON, PETER A.
Address	140 BROADWAY	Address	140 BROADWAY
City-State-Zip:	NEW YORK CITY NY 10005	City-State-Zip:	NEW YORK CITY NY 10005
Title	MANAGER	Title	MANAGER
Name	LIEBERMAN, BRUCE A.	Name	JAKUBOWSKI, ERIC T.
Address	140 BROADWAY	Address	140 BROADWAY
City-State-Zip:	NEW YORK CITY NY 10005	City-State-Zip:	NEW YORK CITY NY 10005
Title	MANAGER	Title	MANAGER
Title Name	MANAGER WISE, DEAN	Title Name	MANAGER HARDIE, DONALD
	-		
Name	WISE, DEAN	Name	HARDIE, DONALD 140 BROADWAY
Name Address	WISE, DEAN 140 BROADWAY	Name Address	HARDIE, DONALD 140 BROADWAY
Name Address City-State-Zip:	WISE, DEAN 140 BROADWAY NEW YORK CITY NY 10005	Name Address City-State-Zip:	HARDIE, DONALD 140 BROADWAY NEW YORK CITY NY 10005
Name Address City-State-Zip: Title	WISE, DEAN 140 BROADWAY NEW YORK CITY NY 10005 MANAGER	Name Address City-State-Zip: Title	HARDIE, DONALD 140 BROADWAY NEW YORK CITY NY 10005 MANAGER
Name Address City-State-Zip: Title Name	WISE, DEAN 140 BROADWAY NEW YORK CITY NY 10005 MANAGER PRICE, JEFF 140 BROADWAY	Name Address City-State-Zip: Title Name	HARDIE, DONALD 140 BROADWAY NEW YORK CITY NY 10005 MANAGER KELLY, LYNN

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: SCOTT MORGAN

AUTHORIZED SIGNOR 04/13/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date

# FILED Apr 13, 2024 Secretary of State 3750561975CC

Date