

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M21000007123

**Entity Name:** GXO ENTERPRISE SERVICES, LLC

**Current Principal Place of Business:**

4043 PIEDMONT PARKWAY  
HIGH POINT, NC 27265

**Current Mailing Address:**

615 S COLLEGE STREET  
9TH FLOOR  
CHARLOTTE, NC 28202 US

**FEI Number:** 86-3967695

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

REGISTERED AGENT SOLUTIONS, INC.  
155 OFFICE PLAZA DR., STE. A  
TALLAHASSEE, FL 32301 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            PRESIDENT  
Name            KIRSIS, KARLIS  
Address        TWO AMERICAN LANE  
City-State-Zip: GREENWICH CT 06831

Title            CHIEF FINANCIAL OFFICER  
Name            ORAN, BARIS  
Address        TWO AMERICAN LANE  
City-State-Zip: GREENWICH CT 06831

Title            TREASURER  
Name            NAQVI, ZEESHAN  
Address        2 AMERICAN LANE  
City-State-Zip: GREENWICH CT 06831

Title            VICE PRESIDENT  
Name            HANDALI, CECEN  
Address        2 AMERICAN LANE  
City-State-Zip: GREENWICH CT 06831

Title            ASSISTANT TREASURER  
Name            HERBERT, LUKE  
Address        2 AMERICAN LANE  
City-State-Zip: GREENWICH CT 06831

Title            ASSISTANT SECRETARY  
Name            PRYOR, RYAN  
Address        11215 NORTH COMMUNITY HOUSE  
                  ROAD  
                  3RD FLOOR  
City-State-Zip: CHARLOTTE NC 28277

*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:** RYAN PRYOR

**ASST SECRETARY**

**04/26/2023**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date