

2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M21000007123

Entity Name: GXO ENTERPRISE SERVICES, LLC**Current Principal Place of Business:**11215 NORTH COMMUNITY HOUSE ROAD
3RD FLOOR
CHARLOTTE, NC 28277**Current Mailing Address:**11215 NORTH COMMUNITY HOUSE ROAD
3RD FLOOR
CHARLOTTE, NC 28277 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**ASSISTANT SECRETARY** 04/15/2022_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date