

2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M22000006012

Entity Name: GXO LOGISTICS WORLDWIDE, 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: 91-2171788

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

REGISTERED AGENT SOLUTIONS, INC.
2894 REMINGTON GREEN LANE
SUITE A
TALLAHASSEE, FL 32308 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 SECRETARY
Name KIRSIS, KARLIS P
Address 4043 PIEDMONT PARKWAY
City-State-Zip: HIGH POINT NC 27265

Title PRESIDENT
Name PELLEISSONE, EDUARDO
Address 4043 PIEDMONT PARKWAY
City-State-Zip: HIGH POINT NC 27265

Title CHIEF FINANCIAL OFFICER
Name ORAN, BARIS
Address 2 AMERICAN LANE
City-State-Zip: GREENWICH CT 06831

Title SENIOR VICE PRESIDENT
Name FJELLMAN, PETER
Address 4043 PIEDMONT PARKWAY
City-State-Zip: HIGH POINT NC 27265

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

Title ASSISTANT SECRETARY
Name VALITUTTO, RICHARD
Address 4043 PIEDMONT PARKWAY
City-State-Zip: HIGH POINT NC 27265

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

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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

04/29/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title ASSISTANT SECRETARY
Name PRYOR, RYAN
Address 615 S COLLEGE STREET
9TH FLOOR
City-State-Zip: CHARLOTTE NC 28202