L18000217487

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : LAXMY'S CARRIER SERVICES
Account Number : I20040000007
Phone : (305)640-0281
Fax Number : (305)489-2902

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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2024 JUN 11 PM 12:12
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

LLC REGISTERED AGENT CHANGE
NATIONWIDE LOGISTICS USA, LLC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$25.00

2024 JUN 11 PM 2:17

Electronic Filing Menu Corporate Filing Menu Help

JUN 12 2024
K. Brumbley

June 7, 2024

FLORIDA DEPARTMENT OF STATE
Division of Corporations

NATIONWIDE LOGISTICS USA, LLC.
1334 TIMBERLANE ROAD
SUITE# 15
TALLAHASSEE, FL 32312

SUBJECT: NATIONWIDE LOGISTICS USA, LLC.
REF: L18000217487

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

This document is not complete, missing the new RA and signature.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

FAX Aud. #: H24000198974
Letter Number: 124A00012411

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NATIONWIDE LOGISTICS USA, LLC.
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

HAISSAM ELANNAN
Name of Person

NATIONWIDE LOGISTICS USA, LLC.
Firm/Company

1334 TIMBERLANE ROAD STE # 15
Address

TALLAHASSEE, FL 32312
City/State and Zip Code

Info@nationwidelogisticsusa.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LAXMY CHACON at (305) 640-0281
Name of Person Area Code & Daytime Telephone Number

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☒ $25 Filing Fee ☐ $55 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: NATIONWIDE LOGISTICS USA, LLC.

2. (a) _____ (b) _____

Principal office address of limited liability company: *(Note: MUST BE STREET ADDRESS)*

Mailing address of limited liability company: *(Note: MAY BE POST OFFICE BOX)*

08/12/2018 — Date of filing/registration in Florida

3.

L18000214187 — Document number

4.

5. (a) _____

Registered Agent and Registered Office shown on the records of the Florida Dept. of State: VV

JULIANA GIL

Registered Office Address: *(MUST BE FLORIDA STREET ADDRESS)*

5210 SW 96TH AVE

MIAMI FL. 33165

(b) Elanna, Alaa

Enter name of NEW Registered Agent and/or NEW Registered Office address

NEW Registered Office Address:

4612 North Haitus Road

Sunrise FL. 33351

I need the Resignation letter or Certificate filed even though the Resegnee was removed by means of the "Annual Report on 02/01/2023

thank you

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

HAISSAM ELANNAN

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document serving filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: $25.00

INIS38 (2-14)

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