

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000074893

**Entity Name:** NEIZME LOGISTICS, INC.

**Current Principal Place of Business:**

555 NE 34 STREET  
SUITE 603  
MIAMI, FL 33137

**Current Mailing Address:**

555 NE 34 STREET  
SUITE 603  
MIAMI, FL 33137 US

**FEI Number:** 45-3215458

**Certificate of Status Desired:** Yes

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

MURPHY, THOMAS PESQ  
555 NE 34 STREET  
SUITE 603  
MIAMI, FL 33137 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

**Officer/Director Detail :**

Title P  
Name MURPHY, THOMAS P  
Address 555 NE 34 STREET  
SUITE 603  
City-State-Zip: MIAMI FL 33137

Title ST  
Name JARAMILLO, E. TERRY  
Address 109 W. PARK SHORES CIRCLE  
SUITE 40W  
City-State-Zip: VERO BEACH FL 32963

Title VP  
Name LEWIS, NEAL R.  
Address 555 NE 34 STREET  
SUITE 603  
City-State-Zip: MIAMI FL 33137

Title VP  
Name MILLAN, STEPHEN T.  
Address 555 NE 34 STREET  
SUITE 603  
City-State-Zip: MIAMI FL 33137

*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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** THOMAS P. MURPHY

**PRESIDENT**

**02/01/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date