

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000057072

**Entity Name:** LOAD SHARE LOGISTICS INC

**Current Principal Place of Business:**

15800 PINES BLVD  
SUITE 3162  
PEMBROKE PINES, FL 33027

**Current Mailing Address:**

15800 PINES BLVD  
3162  
PEMBROKE PINES, FL 33027 US

**FEI Number:** 90-1002227

**Certificate of Status Desired:** No

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

BROWN, ISABEL  
15800 PINES BLVD  
SUITE 3162  
PEMBROKE PINES, FL 33027 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	BROWN, YLIJAH H
Address	1645 NOTTINGHAM WAY
City-State-Zip:	CONYERS GA 30094
Title	DIRECTOR
Name	WILLIAMS , CHRISTINA
Address	7871 MOSS POINTE TRAIL E
City-State-Zip:	JACKSONVILLE FL 32244
Title	DIRECTOR
Name	BROWN, JOSIAH
Address	1645 NOTTINGHAM WAY
City-State-Zip:	CONYERS GA 30094

Title	VP
Name	BROWN, ISABEL C
Address	1645 NOTTINGHAM WAY
City-State-Zip:	CONYERS GA 30094
Title	DIRECTOR
Name	WILLIAMS, CALVIN
Address	1645 NOTTINGHAM WAY
City-State-Zip:	CONYERS GA 30094
Title	DIRECTOR
Name	BROWN, JENESIS
Address	1645 NOTTINGHAM WAY
City-State-Zip:	CONYERS GA 30094

*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:** YLIJAH BROWN

P

04/30/2024

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

\_\_\_\_\_  
Date