

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000127377

Entity Name: FLORIDA EAST COAST DELIVERIES, LLC**Current Principal Place of Business:**7150 PHILIPS HIGHWAY
JACKSONVILLE, FL 32256**Current Mailing Address:**7150 PHILIPS HIGHWAY
JACKSONVILLE, FL 32256 US**FEI Number:** 59-1360532**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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	MGR, CEO
Name	ASPLUND, NATHAN
Address	7150 PHILIPS HIGHWAY
City-State-Zip:	JACKSONVILLE FL 32256

Title	MGR, CFO
Name	GUERRERO, GENARO
Address	7150 PHILIPS HIGHWAY
City-State-Zip:	JACKSONVILLE FL 32256

Title	MGR, SECRETARY
Name	LEDoux, ROBERT
Address	7150 PHILIPS HIGHWAY
City-State-Zip:	JACKSONVILLE FL 32256

Title	ASSISTANT SECRETARY
Name	KELLEY, SANDY
Address	7150 PHILIPS HIGHWAY
City-State-Zip:	JACKSONVILLE FL 32256

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: SANDY L KELLEY**DIRECTOR OF LEGAL
SERVICES****02/21/2020**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date