## 2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000010188

Entity Name: JZ EXPEDITED LOGISTICS, LLC

**Current Principal Place of Business:** 

9601 NORTH MAIN STREET DRIVE SUITE 1

JACKSONVILLE, FL 32218

## **Current Mailing Address:**

9601 NORTH MAIN STREET DRIVE SUITE 1 JACKSONVILLE, FL 32218 US

FEI Number: 26-3690393 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

FOX, ROBERT 9601 NORTH MAIN STREET DRIVE, STE 1 JACKSONVILLE, FL 32218 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: ROBERT FOX 03/11/2016

Electronic Signature of Registered Agent

Date

FILED Mar 11, 2016

**Secretary of State** 

CC6830674272

## Authorized Person(s) Detail:

STE 1

TitleMANAGERTitleMANAGERNameFOX, ROBERT LNameFOX, ZACHARY

Address 9601 NORTH MAIN STREET DRIVE, Address 9601 NORTH MAIN STREET DRIVE,

STE 1

City-State-Zip: JACKSONVILLE FL 32218 City-State-Zip: JACKSONVILLE FL 32218

Title SECRETARY Title SECRETARY

NameHOLLOWAY, SARANameMATTHEWS, GLORIAAddress4512 ISH BRANT ROAD WAddress12813 COOL WATER WAYCity-State-Zip:JACKSONVILLE FL 32210City-State-Zip:JACKSONVILLE FL 32216

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: ROBERT FOX MANAGER 03/11/2016