

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000113531

**Entity Name:** SOUTH TAMPA LOGISTICS, LLC**Current Principal Place of Business:**324 S PLANT AVE  
TAMPA, FL 33606**Current Mailing Address:**324 S PLANT AVE  
TAMPA, FL 33606**FEI Number:** 27-3813875**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SIMPLIFI BUSINESS, INC.  
324 S PLANT AVE  
TAMPA, FL 33606 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	CEO, CHAIRMAN
Name	WILLS, WILLIAM R III
Address	324 S PLANT AVE
City-State-Zip:	TAMPA FL 33606

Title	AUTHORIZED MEMBER
Name	WILLS, WILLIAM COHEN
Address	324 S PLANT AVE
City-State-Zip:	TAMPA FL 33606

Title	SECRETARY
Name	WILLS, CINDY MIXON
Address	324 S PLANT AVE
City-State-Zip:	TAMPA FL 33606

Title	AUTHORIZED MEMBER
Name	ROBEY, MICHAEL J
Address	324 S PLANT AVE
City-State-Zip:	TAMPA FL 33606

*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:** WILLIAM R WILLS III**PRESIDENT****02/01/2021**\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date