

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000058539

**Entity Name:** NEWS LOGISTICS LLC

**Current Principal Place of Business:**

3690 W 18TH AVE  
P O BOX 27218  
HIALEAH, FL 33012

**Current Mailing Address:**

3690 W 18TH AVE  
P O BOX 27218  
HIALEAH, FL 33012 US

**FEI Number:** 45-2295649

**Certificate of Status Desired:** No

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

JARAMILLO, FRANKLIN H  
3690 W 18TH AVE  
P O BOX 27218  
HIALEAH, FL 33012 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                              | Title           | AMBR                             |
| Name            | JARAMILLO, FRANKLIN H            | Name            | DEL SALTO, ROBERTO L             |
| Address         | 3690 W 18TH AVE<br>P O BOX 27218 | Address         | 3690 W 18TH AVE<br>P O BOX 27218 |
| City-State-Zip: | HIALEAH FL 33012                 | City-State-Zip: | HIALEAH FL 33012                 |
| Title           | AMBR                             |                 |                                  |
| Name            | FREIRE, VICTOR A                 |                 |                                  |
| Address         | 3690 W 18TH AVE<br>P O BOX 27218 |                 |                                  |
| City-State-Zip: | HIALEAH FL 33012                 |                 |                                  |

*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:** FRANKLIN H JARAMILLO

FRANKLIN

03/26/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date