

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000109274

**Entity Name:** AMERICAS GATEWAY LOGISTICS CENTER, LLC

**Current Principal Place of Business:**

1200 DUDA TRAIL  
OVIDO, FL 32765

**FILED**  
**Mar 12, 2019**  
**Secretary of State**  
**5885730767CC**

**Current Mailing Address:**

PO BOX 620257  
OVIDO, FL 32762-0257 US

**FEI Number: 46-1031736**

**Certificate of Status Desired: No**

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

CHAPMAN, TRACY D  
1200 DUDA TRAIL  
OVIDO, FL 32765 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  
Name WEEKS, PALMER B JR  
Address 1200 DUDA TRAIL  
City-State-Zip: OVIDO FL 32765

Title MGR  
Name DUDA CHAPMAN, TRACY  
Address 1200 DUDA TRAIL  
City-State-Zip: OVIDO FL 32765

Title P  
Name ARCHEY, ERIN  
Address 1200 DUDA TRAIL  
City-State-Zip: OVIDO FL 32765

Title S  
Name GAINEY, ANN M.  
Address 1200 DUDA TRAIL  
City-State-Zip: OVIDO FL 33602

Title MGR  
Name ENGWALL, MARK E  
Address 1200 DUDA TRAIL  
City-State-Zip: OVIDO FL 32765

Title VP  
Name DECATOR, JAY A III  
Address 7380 MURRELL ROAD  
SUITE 201  
City-State-Zip: VIERA FL 32940

Title T  
Name WARD, ROBERT L JR  
Address 7380 MURRELL ROAD  
SUITE 201  
City-State-Zip: VIERA FL 32940

*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: MARK E ENGWALL**

**VP**

**03/12/2019**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date