

2023 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L12000109274

Entity Name: AMERICAS GATEWAY LOGISTICS CENTER, LLC**Current Principal Place of Business:**1200 DUDA TRAIL
OVIEDO, FL 32765**Current Mailing Address:**PO BOX 620257
OVIEDO, 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
OVIEDO, 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	Title	MGR
Name	WEEKS, PALMER B JR	Name	DUDA CHAPMAN, TRACY
Address	1200 DUDA TRAIL	Address	1200 DUDA TRAIL
City-State-Zip:	OVIEDO FL 32765	City-State-Zip:	OVIEDO FL 32765
Title	P	Title	S
Name	ARCHEY, ERIN	Name	GAINEY, ANN M.
Address	1200 DUDA TRAIL	Address	1200 DUDA TRAIL
City-State-Zip:	OVIEDO FL 32765	City-State-Zip:	OVIEDO FL 33602
Title	MGR	Title	VP
Name	DUDA, SAMUEL D	Name	DECATOR, JAY A III
Address	1200 DUDA TRAIL	Address	7380 MURRELL ROAD SUITE 201
City-State-Zip:	OVIEDO FL 32765	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: TRACY DUDA CHAPMAN**MANAGER****03/09/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date