

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000109274

Entity Name: AMERICAS GATEWAY LOGISTICS CENTER, LLC**Current Principal Place of Business:**1200 DUDA TRAIL
OVIEDO, FL 33765**Current Mailing Address:**PO BOX 620257
OVIEDO, FL 32762 US**FEI Number:** 46-1031736**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHASE, RICHARD A
400 N. TAMPA STREET
SUITE 1900
TAMPA, FL 33602 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 CARRERE, MICHAEL L
Address 400 N. TAMPA STREET
SUITE 1900
City-State-Zip: TAMPA FL 33602

Title VP
Name BAUMAN, CARL
Address 400 N TAMPA ST
SUITE 1900
City-State-Zip: TAMPA FL 33602

Title MGR
Name LYKES, CHARLIE
Address 400 NORTH TAMPA ST
SUITE 1900
City-State-Zip: TAMPA FL 33602

Title TREASURER
Name BERTRAM, JOHN
Address 400 N TAMPA STREET
SUITE 1900
City-State-Zip: TAMPA FL 33602

Title MGR
Name WEEKS, PALMER BJR.
Address 1200 DUDA TRAIL
City-State-Zip: OVIEDO FL 32765

Title MGR
Name DUDA, THOMAS
Address 1200 DUDA TRAIL
City-State-Zip: OVIEDO FL 32765

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

Title SECRETARY
Name GAINNEY, ANNIE
Address 1200 DUDA TRAIL
City-State-Zip: OVIEDO FL 33602

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: CARL BAUMAN

VP

04/29/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date