

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000007597

**FILED**  
**Feb 15, 2024**  
**Secretary of State**  
**2314472757CC**

**Entity Name:** SEAPORT TRANSPORTATION SERVICES LLC

**Current Principal Place of Business:**

110 EAST BROWARD BOULEVARD  
SUITE 1700  
FORT LAUDERDALE, FL 33301

**Current Mailing Address:**

110 EAST BROWARD BOULEVARD  
SUITE 1700  
FORT LAUDERDALE, FL 33301 US

**FEI Number:** 47-2558845

**Certificate of Status Desired:** Yes

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

SOFFERMAN, PERRY F ESQ.  
BAKER, DONELSON, BEARMAN, CALDWELL & BERKOWITZ, PC  
100 SE 3RD AVE 16TH FLOOR  
FORT LAUDERDALE, FL 33394 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:** SOFFERMAN, PERRY F, EQS

02/15/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title OPERATING MANAGER  
Name JONES, JEFFERY  
Address 21900 LAKEFOREST CIRCLE, UNIT 103  
City-State-Zip: BOCA RATON FL 33433

Title SECRETARY  
Name AUSTIN, LATHAN CRAIG  
Address 7621 SW 56TH AVE #A  
City-State-Zip: MIAMI FL 33143

Title VICE-OPERATING MANAGER  
Name JONES, NICHOLAS JEFFERSON  
Address 21900 LAKEFOREST CIRCLE, UNIT 103  
City-State-Zip: BOCA RATON FL 33433

Title VP OF TRADE OPERATIONS  
Name BROWN, CARL  
Address 110 EAST BROWARD BOULEVARD SUITE 1700  
City-State-Zip: FORT LAUDERDALE FL 33301

*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:** JEFFERY JONES

**OPERATING MANAGER**

02/15/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date