

**2017 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L14000095042

**Entity Name:** ALOGISTICS LLC

**Current Principal Place of Business:**

6765 NARCOOSSEE RD SUITE 131  
ORLANDO, FL 32822

**Current Mailing Address:**

6765 NARCOOSSEE RD SUITE 131  
ORLANDO, FL 32822 US

**FEI Number:** 36-4788035

**Certificate of Status Desired:** No

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

GONZALEZ ABREU, EVELYN  
6765 NARCOOSSEE RD SUITE 131  
ORLANDO, FL 32822 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 MGRM  
Name MARTELL RAMIREZ, LARRY  
EDUARDO  
Address 6765 NARCOOSSEE RD SUITE 131  
City-State-Zip: ORLANDO FL 32822  
  
Title MGRM  
Name DAVILA RISSO, MARIA DE LOURDES  
Address 6765 NARCOOSSEE RD SUITE 131  
City-State-Zip: ORLANDO FL 32822

Title MGRM  
Name GONZALEZ ABREU, EVELYN  
Address 6765 NARCOOSSEE RD SUITE 131  
City-State-Zip: ORLANDO FL 32822  
  
Title MGRM  
Name GONZALEZ BECERRA, PEDRO  
RAFAEL  
Address 6765 NARCOOSSEE RD SUITE 131  
City-State-Zip: ORLANDO FL 32822

*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:** GONZALEZ BECERRA PEDRO RAFARL

07/31/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date