

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000119160

**Entity Name:** S FIRSOV TRANSPORT LLC

**Current Principal Place of Business:**

4857 BOLLES LAKE DR  
JACKSONVILLE, FL 32258

**Current Mailing Address:**

4857 BOLLES LAKE DR  
JACKSONVILLE, FL 32258 US

**FEI Number:** 82-5525657

**Certificate of Status Desired:** Yes

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

COLLEGE, TAX & RETIREMENT STRATEGIES, LLC  
3110 SPRING GLEN RD.  
JACKSONVILLE, FL 32207 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            AMBR  
Name            FIRSOV, SERGEY  
Address        4857 BOLLES LAKE DR  
City-State-Zip: JACKSONVILLE FL 32258

Title            AMBR  
Name            FIRSOV, NATALYA  
Address        4857 BOLLES LAKE DR  
City-State-Zip: JACKSONVILLE FL 32258

*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:** NATALYA FIRSOV

AMBR

03/04/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date