

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000065893

**Entity Name:** 6866 LOGISTICS, LLC

**Current Principal Place of Business:**

4907 PICTURE AVENUE  
HOLIDAY, FL 34690-5979

**Current Mailing Address:**

PO BOX 10189  
C/O MBS, INC.  
BROOKSVILLE, FL 34603-0189 US

**FEI Number:** 83-4075501

**Certificate of Status Desired:** No

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

O'MELIA-MUNN, CHRISTOPHER J  
4907 PICTURE AVENUE  
HOLIDAY, FL 34690-5979 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            O'MELIA-MUNN, CHRISTOPHER J  
Address        4907 PICTURE AVENUE  
City-State-Zip: HOLIDAY FL 34690-5979

*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:** CHRISTOPHER J O'MELIA-MUNN

AMBR

06/25/2020

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date