

**2022 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L21000222184

**Entity Name:** KOMPENSO LOGISTICS LLC

**Current Principal Place of Business:**

1101 E. CUMBERLAND AVE.  
201H-3230  
TAMPA, FL 33602

**Current Mailing Address:**

1101 E. CUMBERLAND AVE.  
201H-3230  
TAMPA, FL 33602 US

**FEI Number:** 86-3797548

**Certificate of Status Desired:** Yes

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

SANDERS, HASSAN  
1101 E. CUMBERLAND AVE.  
201H-3230  
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            PRESIDENT  
Name            SANDERS, HASSAN  
Address        1101 E. CUMBERLAND AVE., 201H-3230  
City-State-Zip: TAMPA FL 33602

Title            VP  
Name            SANDERS, TIFFANY  
Address        1101 E. CUMBERLAND AVE.  
                  201H-3230  
City-State-Zip: TAMPA FL 33602

Title            AUTHORIZED MEMBER  
Name            MIDKIFF, EDWARD  
Address        1101 E. CUMBERLAND AVE.  
                  201H-3230  
City-State-Zip: TAMPA 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:** HASSAN SANDERS

**PRESIDENT**

**05/22/2022**

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

\_\_\_\_\_  
Date