

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000452635

**Entity Name:** 3X3 TRANSPORT LLC.

**Current Principal Place of Business:**

12546 WEEPING BRANCH CIR  
JACKSONVILLE, FL 32218

**Current Mailing Address:**

12546 WEEPING BRANCH CIR  
JACKSONVILLE, FL 32218 UN

**FEI Number:** 87-3155216

**Certificate of Status Desired:** Yes

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

SMITH, DARRYL V  
12546 WEEPING BRANCH CIR  
JACKSONVILLE, FL 32218 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 AP  
Name SMITH, DARRYL V  
Address 12546 WEEPING BRANCH CIR  
City-State-Zip: JACKSONVILLE FL 32218

*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:** DARRYL SMITH

**OWNER**

**04/24/2022**

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

\_\_\_\_\_  
Date