

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000235483

**Entity Name:** AGX2 LOGISTICS, LLC

**Current Principal Place of Business:**

11764 MARCO BEACH DR.  
SUITE 8  
JACKSONVILLE, 32224

**Current Mailing Address:**

11764 MARCO BEACH DR.  
SUITE 8  
JACKSONVILLE, 32225 UN

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** Yes

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

WILLIAMS, MICHAEL  
11764 MARCO BEACH DR.  
SUITE 9  
JACKSONVILLE, FL 32224 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 MGR  
Name LESSEN, KIM  
Address 11764 MARCO BEACH DR., SUITE 10  
City-State-Zip: JACKSONVILLE FL 32224

*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:** KIM LESSEN

**MANAGER**

**03/06/2024**

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

\_\_\_\_\_  
Date