

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000177200

**Entity Name:** SALEXPEDITE LLC

**Current Principal Place of Business:**

18546 OLIVE RD  
FORT MYERS, FL 33967

**Current Mailing Address:**

18546 OLIVE RD  
FORT MYERS, FL 33967 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

LEGALINC CORPORATE SERVICES INC.  
476 RIVERSIDE AVE.  
JACKSONVILLE, FL 32202 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            PANDO, SALVADOR  
Address        18546 OLIVE RD  
City-State-Zip: FORT MYERS FL 33967

*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:** SALVADOR PANDO

**MEMBER**

**04/26/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date