

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000427822

Entity Name: ZERO ONE TRUCKING LLC**Current Principal Place of Business:**3024 N POWERS DR
ORLANDO, FL 32818**Current Mailing Address:**PO.BOX 616115
ORLANDO, FL 32861 US**FEI Number:** 93-3219368**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**JN CHARLES, FRANTZY
3024 N POWERS
ORLANDO, FL 32818 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	JN CHARLES, FRANTZY
Address	3024 N POWERS
City-State-Zip:	ORLANDO 32818

Title	MGR
Name	JN CHARLES, FRANTZY
Address	3024 N POWERS
City-State-Zip:	ORLANDO FL 32818

Title	AMBR
Name	JN CHARLES, FRANTZY
Address	3024 N POWERS
City-State-Zip:	ORLANDO 32818

Title	MGR
Name	JN CHARLES, FRANTZY
Address	3024 N POWERS
City-State-Zip:	ORLANDO 32818

Title	AP
Name	JN CHARLES, FRANTZY
Address	3024 N POWERS
City-State-Zip:	ORLANDO 32818

Title	MGR
Name	JN CHARLES, FRANTZY
Address	3024 N POWERS
City-State-Zip:	ORLANDO 32818

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: JN CHARLES FRANTZY

MGR

04/26/2025

Electronic Signature of Signing Authorized Person(s) Detail_____
Date