

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000551277

**FILED**  
**Feb 27, 2024**  
**Secretary of State**  
**8474546114CC**

**Entity Name:** ALPHA-ZULU TRANSPORT LLC

**Current Principal Place of Business:**

1501 SE CAMBRIDGE DRIVE  
PORT SAINT LUCIE, FL 34952

**Current Mailing Address:**

1501 SE CAMBRIDGE DRIVE  
PORT SAINT LUCIE, FL 34952

**FEI Number:** 93-4908122

**Certificate of Status Desired:** No

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

WEINER, DAVID  
1501 SE CAMBRIDGE DRIVE  
PORT SAINT LUCIE, FL 34952 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 WEINER, DAVID  
Address 1501 SE CAMBRIDGE DRIVE  
City-State-Zip: PORT SAINT LUCIE FL 34952

Title MGR  
Name GLEASON, ZACHARY  
Address 5805 SHANNON DRIVE  
City-State-Zip: FORT PIERCE FL 34951

Title MGR  
Name GLEASON, ANNA  
Address 5805 SHANNON DRIVE  
City-State-Zip: FORT PIERCE FL 34951

*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:** WEINER, DAVID

**MGR**

**02/27/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date