

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M02000001496

**Entity Name:** AMWARE PALLET SERVICES, LLC

**Current Principal Place of Business:**

27 MAIN ST UNIT C-303B  
EDWARDS, CO 81632-8109

**Current Mailing Address:**

27 MAIN ST UNIT C-303B  
EDWARDS, CO 81632-8109 US

**FEI Number: 30-0079555**

**Certificate of Status Desired: No**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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 AUTHORIZED REPRESENTATIVE  
Name DEMORE, DILLON  
Address 27 MAIN ST UNIT C-303B  
City-State-Zip: EDWARDS CO 81632-8109

Title MANAGER, MEMBER  
Name FLYNN, TOM  
Address 27 MAIN ST UNIT C-303B  
City-State-Zip: EDWARDS CO 81632-8109

Title CFO  
Name GRADY, BRIAN  
Address 27 MAIN ST UNIT C-303B  
City-State-Zip: EDWARDS CO 81632-8109

*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: BRIAN GRADY**

**CHIEF FINANCIAL  
OFFICER**

**04/19/2023**

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

\_\_\_\_\_  
Date