

2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M17000005895

Entity Name: RXO CUSTOMS CLEARANCE SOLUTIONS, LLC**Current Principal Place of Business:**290 GERZEVSKE LANE
CAROL STREAM, IL 60188**Current Mailing Address:**11215 N COMMUNITY HOUSE ROAD
CHARLOTTE, NC 28277 US**FEI Number:** 13-2637752**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**REGISTERED AGENT SOLUTIONS, INC.
155 OFFICE PLAZA DR.
SUITE A
TALLAHASSEE, FL 32301 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	PRESIDENT	Title	MANAGER, SVP, SECRETARY
Name	VENETIS, DEMETRI	Name	FIRESTONE, JEFFREY
Address	290 GERZEVSKE LANE	Address	11215 N COMMUNITY HOUSE ROAD
City-State-Zip:	CAROL STREAM IL 60188	City-State-Zip:	CHARLOTTE NC 28277
Title	CAO	Title	VP, TREASURER
Name	KERR, JASON	Name	MURRAY, DAVID
Address	11215 N COMMUNITY HOUSE ROAD	Address	11215 N COMMUNITY HOUSE ROAD
City-State-Zip:	CHARLOTTE NC 28277	City-State-Zip:	CHARLOTTE NC 28277
Title	ASST. SECRETARY	Title	ASST. SECRETARY
Name	MCDONALD, JEFF	Name	MANN, LAUREN
Address	11215 N COMMUNITY HOUSE ROAD	Address	11215 N COMMUNITY HOUSE ROAD
City-State-Zip:	CHARLOTTE NC 28277	City-State-Zip:	CHARLOTTE NC 28277

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: LAUREN MANN**ASST. SECRETARY****04/26/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date