## 2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M18000009506

Entity Name: US PACK MED LLC

**Current Principal Place of Business:** 

2251 LYNX LANE SUITE 5

ORLANDO, FL 32804

## **Current Mailing Address:**

2251 LYNX LANE SUITE 5 ORLANDO, FL 32804 US

FEI Number: 06-1515244 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

CAPITOL CORPORATE SERVICES, INC. 515 E PARK AVE 2ND FL 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

**FILED** Apr 26, 2021

**Secretary of State** 

0229063539CC

## Authorized Person(s) Detail:

Title **MEMBER** 

FLEETGISTICS HOLDINGS, LLC Name

Address 2251 LYNX LANE

SUITE 5

City-State-Zip: ORLANDO FL 32804

SIGNATURE: DAVID HUNTER

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.

**CFO** 

Electronic Signature of Signing Authorized Person(s) Detail

04/26/2021 Date