

2025 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M20000000087

Entity Name: XPO ENTERPRISE SERVICES, LLC

Current Principal Place of Business:

2055 NW SAVIER STREET
PORTLAND, OR 97209

Current Mailing Address:

2055 NW SAVIER STREET
PORTLAND, OR 97209 US

FEI Number: 93-1221825

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

REGISTERED AGENT SOLUTIONS, INC.
2894 REMINGTON GREEN LANE
SUITE A
TALLAHASSEE, FL 32308 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 MANAGER, PRESIDENT, SECRETARY
Name CASSITY, WENDY
Address 179 LINCOLN STREET
City-State-Zip: BOSTON MA 02111

Title TREASURER
Name SPERLING, LORRAINE
Address FIVE AMERICAN LANE
City-State-Zip: GREENWICH CT 06831

Title ASST. SECRETARY
Name MURDOCK, MEGAN
Address 13777 BALLANTINE CORPORATE
PLACE
City-State-Zip: CHARLOTTE NC 28277

Title ASST. SECRETARY
Name TOHVERT, RIINA
Address FIVE AMERICAN LANE
City-State-Zip: GREENWICH CT 06831

Title ASST. SECRETARY
Name BEATY, MICHAEL
Address 2055 NW SAVIER ST
City-State-Zip: PORTLAND OR 97209

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: MICHAEL BEATY

ASSISTANT SECRETARY 03/13/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date