

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000007310

**Entity Name:** KAUFMAN LOGISTICS LLC

**Current Principal Place of Business:**

7918 HARBOR ISLAND DR., APT. 310  
NORTH BAY VILLAGE, FL 33141

**Current Mailing Address:**

7918 HARBOR ISLAND DR., APT. 310  
NORTH BAY VILLAGE, FL 33141 US

**FEI Number:** 82-3665563

**Certificate of Status Desired:** No

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

KAUFMAN, SAMMY  
7918 HARBOR ISLAND DR., APT. 310  
NORTH BAY VILLAGE, FL 33141 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           | AMBR                             | Title           | AMBR                             |
| Name            | KAUFMAN, SAMMY                   | Name            | KAUFMAN, ELIZABETH               |
| Address         | 7918 HARBOR ISLAND DR., APT. 310 | Address         | 7918 HARBOR ISLAND DR., APT. 310 |
| City-State-Zip: | NORTH BAY VILLAGE FL 33141       | City-State-Zip: | NORTH BAY VILLAGE FL 33141       |

*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:** SAMMY KAUFMAN

MEMBER

04/19/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date