

2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M22000008324

Entity Name: U.S. EXPEDITERS, LLC

Current Principal Place of Business:

13235 N PROMENADE BLVD
STAFFORD, TX 77477

Current Mailing Address:

13235 N PROMENADE BLVD
STAFFORD, TX 77477 US

FEI Number: 76-0521364

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

REGISTERED AGENTS INC.
7901 4TH ST N STE 300
ST PETERSBURG, FL 33702 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 MGR
Name GOODMAN, JOHN W
Address 5911 ABERCOMBIE LN
City-State-Zip: SUGAR LAND TX 77479

Title AP
Name GOODMAN, JOHN W
Address 5911 ABERCOMBIE LN
City-State-Zip: SUGAR LAND TX 77479

Title MBR
Name GOODMAN, JOHN W
Address 5911 ABERCOMBIE LN
City-State-Zip: SUGAR LAND TX 77479

Title MBR
Name GOODMAN, CAROLYN W
Address 5911 ABERCOMBIE LN
City-State-Zip: SUGAR LAND TX 77479

Title AP
Name GOODMAN, CAROLYN W
Address 5911 ABERCOMBIE LN
City-State-Zip: SUGAR LAND TX 77479

Title MBR
Name WOODS, MARK
Address 500 E 85TH STREET APT. 17TH
City-State-Zip: NEW YORK NY 10028

Title MBR
Name PUONG, ANRE
Address 240 WINDING BROOK ROAD
City-State-Zip: NEW ROCHELLE NY 10804

Title MBR
Name STEINFELD, JAY
Address 4919 HOLLY STREET
City-State-Zip: BELLAIRE TX 77401

Continues on page 2

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: TRAVIS S BORDEN

CFO

04/27/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title CFO
Name BORDEN, TRAVIS S
Address 39 SUNSET ROAD
City-State-Zip: WESTON MA 02493