

**2024 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

04/02/2024

\_\_\_\_\_ 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