Secretary of State
Corporation Division
255 Capitol Street NE, Suite 151
Salem, OR 97310-1327

Phone: (503) 986-2200
FAX: (503) 378-4381
sos.oregon.gov/business

2024 ANNUAL REPORT

Registry Number: 216401893
Date of Organization: 8/22/2023
Fee: $100
Due Date: 8/22/2024
Type: DOMESTIC LIMITED LIABILITY COMPANY

001167

MX LOGISTICS LLC
PO BOX 1720
BORING OR 97009

FILED: JUL 26, 2024
OREGON SECRETARY OF STATE

216401893-26517071

MX LOGISTICS LLC **RENANA**

Name of Domestic Limited Liability Company

MX LOGISTICS LLC

Jurisdiction: OREGON

The following information is required by statute. Please complete the information below. If any of the information is incorrect, you can make changes on this form. Failure to submit this Annual Report and fee by the due date may result in inactivation on our records.

Registered Agent

LUIS OSCAR CONTRERAS MARTINEZ
5852 SE WOODLAND DR
GRESHAM, OR 97080

If the Registered Agent has changed, the new agent has consented to the appointment. Oregon street address required.

1) Type of Business TRUCKING TRANSPORTATION

2) Principal Place of Business (Address,city,state,zip)

5852 SE WOODLAND DR
GRESHAM, OR 97080

3) Mailing Address (Address,city,state,zip)

PO BOX 1720
BORING, OR 97009

4) ☐ Member or ☑ **Manager** (Name & Address)

LUIS OSCAR CONTRERAS MARTINEZ
5852 SE WOODLAND DR
GRESHAM, OR 97080

5) ☐ Member or ☐ Manager (Name & Address)

Execution: I declare, under penalty of perjury, that this document does not fraudulently conceal, fraudulently obscure, fraudulently alter or otherwise misrepresent the identity of the person or any members, managers, employees or agents of the limited liability company on behalf of which the person signs. This filing has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment or both.

6) Signature [signature]

7) Printed Name Luis O Contreras M.

8) Date 07/15/2024

9) Phone Number 971-506-0331

Make check payable to "Corporation Division" and mail completed form with payment to the address above.
Note: Filing fees may be paid with a major credit card. Submit the card number and expiration date on a separate page for your protection.

MAL