

FERREIRO PERAZA

MALCAH, FL 33012

ALFREDO

Florida

4a ISS 07/20/2022 5DD S112207200351

Operation of a motor vehicle constitutes consent to any sobriety fest required by law.

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DIRECT DEPOSIT REQUEST FORM

Please Complete this form clearly, print and sign.

Driver's Name ALEREDO, FERREIRO Routing Number OG 3107513 Account Number 3972227049 Please Circle one CHECKING SAVING

I Authorize Royal and BRZ to automatically deposit my paycheck into account listed above.

Driver Signature

Date

05/15/24

Form W-9 Rev. Oetober 2016) Deperformani of the Treasury Internu Revenue Service	Identification Num	or Taxpayer ber and Certification	Give Form to the requester. Do not send to the IRS.
the second se	an your income tax return). Name is required on this line;		
1-1-1-1-	DO FERREIRO		
2 Business name/d FERR	EIRO TRANPORTATION L	10	
0 200	te box for federal tax classification of the person whose na		4 Exemptions (codes apply only to certain entities, not individuals; see
Copeck appropriat Society appropriat Society appropriat Society appropriat Society appropriate Society appropriote Society appropriate Society appropriate Societ			instructions on page 3):
S IV Individual/sola g single-membe		on Partnership Trust/estate	Exempt payee code (If any)
Single-membe Limited liability Note: Check t LC if the LLC another LLC tr	y company. Enter the tax classification (G=C corporation,	S=S corporation, P=Partnership) >	
Note: Check t	he appropriate box in the line above for the tax classificat is classified as a single-member LLC that is disregarded	ion of the single-member owner. Do not check from the owner unless the owner of the LLC is	Exemption from FATCA reporting code (if any)
은 another LLC tr 일 is disregarded	nat is not disregarded from the owner for U.S. federal tax from the owner should check the appropriate box for the	purposes. Otherwise, a single-member LLC that	at
Other (see inst	tructions) >		(Applies to accounts meintained outside the U.S.)
of by address (number	, street, and apt. or sulte no.) See instructions. 56 ST	Requesters name	and address (optional)
6 City, state, and Z	IP coda		
HIALEAI	4 FL 33012		
7 List account numt	ber(s) here (optional)		
Part I Taxpay	er Identification Number (TIN)		
ter your TIN In the app	propriate box. The TIN provided must match the na		acurity number
	individuals, this is generally your social security nu ietor, or disregarded entity, see the instructions for		
titles, it is your employ	er identification number (EIN). If you do not have a	number, see How to get a	
V, later.	more than one name, see the instructions for line	1 Also see What Name and Employe	r identification number
	uester for guidelines on whose number to enter.	92	300121116
		93	-0001019
art II Certific			
ider penalties of perjur	y, I certify that: this form is my correct taxpayer identification num	nber (or I am waiting for a number to be is	sued to me); and
I am not subject to bad Service (IRS) that I am	ckup withholding because: (a) i am exempt from be subject to backup withholding as a result of a failu ackup withholding; and	ackup withholding, or (b) I have not been i	notified by the Internal Revenue
• •	ther U.S. person (defined below); and		
The FATCA code(s) en	tered on this form (if any) indicating that I am exem	npt from FATCA reporting is correct.	
have failed to report a	You must cross out item 2 above if you have been r Il interest and dividends on your tax return. For real ent of secured property, cancellation et debt, contribut idends, you are not required to sign the certification.	state transactions, item 2 does not apply. F tions to an individual retirement errangement	or mortgage interest paid, nt (IRA), and generally, payments
gn Signature of U.S. person ►	all V	Date 5	15 / 2024
eneral Instru	uctions	 Form 1099-DIV (dividends, including funds) 	g those from stocks or mutual
ed.	the Internal Revenue Code unless otherwise	 Form 1099-MISC (various types of in proceeds) 	ncome, prizes, awards, or gross
Euture developments. For the latest information about developments elated to Form W-9 and its instructions, such as legislation enacted fter they were published, go to www.irs.gov/FormW9.		 Form 1099-B (stock or mutual fund sales and certain other transactions by brokers) 	
		 Form 1099-S (proceeds from real es Form 1099-K (merchant card and the 	
Purpose of Form n individual or entity (Form W-9 requester) who is required to file an nformation return with the IRS must obtain your correct taxpayer		 Form 1099-K (merchant card and third party network transactions) Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition) 	
tification number (TIN) which may be your social security number	 Form 1099-C (canceled dabt) 	
	identification number (ITIN), adoption mber (ATIN), or employer identification number	. Form 1099-A (acquisition or abandor	nment of secured property)
), to report on an infor unt reportable on an i	mation return the amount paid to you, or other nformation return. Examples of information	Use Form W-9 only If you are a U.S alien), to provide your correct TIN.	person (including a resident
ims include, but are no	t limited to, the following.	If you do not return Form W-9 to the requester with a TIN, you might	

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

Cat. No. 10231X

. Form 1099-INT (Interest earned or paid)

Form W-9 (Rev. 10-2018)



2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000374866

Entity Name: FERREIRO TRANSPORTATION LLC

Current Principal Place of Business:

70 W 56 ST HIALEAH, FL 33012

Current Mailing Address:

70 W 56 ST HIALEAH, FL 33012 US

FEI Number: 93-3081314

Name and Address of Current Registered Agent:

FERREIRO PERAZA, ALFREDO 70W 56 ST HIALEAH, FL 33012 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

Authorized Person(s) Detail :

Title	AMBR
Name	FERREIRO PERAZA, ALFREDO
Address	70 W 56 ST
City-State-Zip:	HIALEAH FL 33012

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: ALFREDO FERREIRO PERAZA

AMBR

04/30/2024 Date

Electronic Signature of Signing Authorized Person(s) Detail

FILED Apr 30, 2024 Secretary of State 2200798531CC

Certificate of Status Desired: No

Date