



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : TRUCKING PERMITS AND MORE LLC
Account Number : I20140000047
Phone : (813)774-4726
Fax Number : (813)877-2186

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please

Email Address: _____

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FILED

2019 DEC 18 PM 3:07

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
M- KRISS FLORIDA LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: M- KRISS FLORIDA LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

M- KRISS FLORIDA LLC

Name of Person

M- KRISS FLORIDA LLC

Firm/Company

4660 SE 112TH PL

Address

BELLEVIEW, FL 34420

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

misleydi56@gmail.com

863

8990035

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ESQUILIN CORTEGUERA, DAVID	4660 SE 112TH PL	<input type="checkbox"/> Add
		BELLEVIEW, FL 34420	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	OQUENDO VAZQUEZ, JOSE LUIS	4660 SE 112TH PL	<input checked="" type="checkbox"/> Add
		BELLEVIEW, FL 34420	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

[illegible]

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Filing Fee: \$25.00