

M08 000 005 593

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

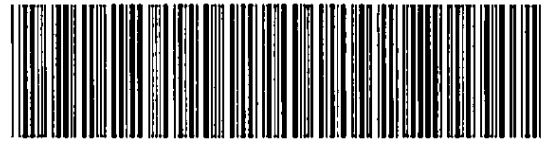
(Business Entity Name)

(Document Number)

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1: 10-01 10-03 **25.00

22 OCT 11 AM 5:38

STATE OF CONNECTICUT
DEPARTMENT OF REVENUE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MTM Transit, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jennifer Isaac

Name of Person

Medical Transportation Management, Inc.

Firm/Company

16 Hawk Ridge Circle

Address

Lake St. Louis, MO 63367

City/State and Zip Code

jisaac@mtm-inc.net

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

For further information concerning this matter, please call:

Jennifer Isaac

636

561-5686

at ()

Name of Person

Area Code

Daytime Telephone Number

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

Enclosed is a check for the following amount:

- \$25 Filing Fee
- \$30 Filing Fee & Certificate of Status
- \$55 Filing Fee & Certified Copy
- \$60 Filing Fee, Certificate of Status & Certified Copy

22 OCT 11 AM 5:38

REGISTRATION SECTION
DIVISION OF CORPORATIONS

**STATEMENT OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

FIRST: The name of the limited liability company is: MTM Transit, LLC

SECOND: The Florida Document number of the limited liability company is: M08000005593

THIRD: Document to be corrected is: Annual Report

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)

Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

Omitted Authorized Representative/Chief Operating Officer information (Brian Balogh, 16 Hawk Ridge Circle
Lake St. Louis, MO 63367)

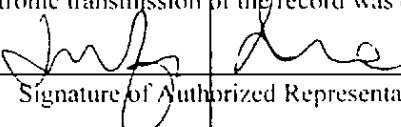
OR

Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

22 OCT 12 AM 5:38

OR

The electronic transmission of the record was defective.

 10/5/2022
Signature of Authorized Representative Date

Signature of new registered agent, if applicable : (NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Registered Agent's Signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)