

L18000193858

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

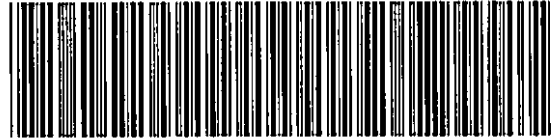
(Document Number)

Certified Copies _____ Certificates of Status _____

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CTS
11-16-18

CLERK OF CIRCUIT COURT
TALLAHASSEE, FL

2018 NOV 16 PM 1:14

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 20, 2018

ALLEN FERNANDEZ SOTO
4083 SUNBEAM RD., APT 1307
JACKSONVILLE, FL 32257

SUBJECT: AACC TRUCKING LLC
Ref. Number: L18000193858

We have received your document for AACC TRUCKING LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The attached form must be completed in order to file the document.

If you have any questions concerning the filing of your document, please call (850) 245-6900.

Stacy Prather
Regulatory Specialist III

Letter Number: 818A00021505

RECEIVED
2018 NOV -1 AM 10:55



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 5, 2018

ALLEN FERNANDEZ SOTO
4083 SUNBEAM RD
APT 1307
JACKSONVILLE, FL 32257

SUBJECT: AACC TRUCKING LLC
Ref. Number: L18000193858

We have received your document for AACC TRUCKING LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The designation of the registered agent must be at a Florida street address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6900.

Stacy Prather
Regulatory Specialist III

Letter Number: 718A00022785

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AACC Trucking LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Allen Fernandez Soto
Name of Person


Firm/Company

4083 Sunbeam Rd apt 1307
Address

Jacksonville, FL 32257
City/State and Zip Code

aacc trucking@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Allen Fernandez Soto at (402) 5250707
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR
LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: AACC TRUCKING, LLC

2. (a) 4083 SUNBEAM RD apt 1307 (b) _____

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

Jacksonville, FL, 32257

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

08/14/2018

3. Date of filing/registration in Florida

4. Document number

5. (a) Allen Fernandez Soto

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

4083 Sunbeam Rd Apt 1307

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Jacksonville,

FL 32257

(b) Carla Gonzalez Dumenigo

Enter name of NEW Registered Agent and/or NEW Registered Office address:

4083 Sunbeam Rd

NEW Registered Office Address:

apt 1307

Jacksonville

FL 32257

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Carla
Signature of a member or authorized representative of a member

Carla Gonzalez Dumenigo

Printed or typed name of signee

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.

[Signature]
Signature of Registered Agent

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

FILING FEE: \$25.00

FILED
2018 NOV 16 PM 1:14
STATE OF FLORIDA
TALLAHASSEE, FL