## 1030000 10640

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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## COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJI	TRANSPORT BY WHEELS, LLC			
1,014,1	Name of Limited Liability Company			
Dear S	ir or Madam:			
The en	closed Registered Agent/Registered Offic	e Change and f	ee(s) are submitted for filing.	
Please	return all correspondence concerning this	matter to the fo	oflowing:	
RICK	BIELUWKA			
	Name of Person		_	
TRAN	ISPORT BY WHEELS, LLC			
	Firm/Company		_	
811 S	SW 14 COURT			
	Address		_	
POM	PANO BCH, FL 33060			
	City/State and Zip Code		_	
TRAN	ISPORTBYWHEELS@YAHOO.CC	M		
13	-mail address: (to be used for future annu-	al report notific	ation)	
For fur	ther information concerning this matter, p	lease call:		
RICK BIELUWKA		954 at (	562.6213	
	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	Regi Divi P.O.	istration Section sion of Corporations Box 6327 nhassee, Florida 32314	
	Enclosed is a check for the following amount:			
	<b>☑</b> \$25 Filing Fee	<b>□</b> \$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.

(a)	Principal office address of limited liability company: 33060 (Note: MUST BE STREET ADDRESS)	SW/4COORT FOMPANG FL  Mailing address of limited liability company: 3:  (Note: MAY BE POST OFFICE BON)
		03000010640
	Date of filing/registration in Florida 4.	Document number
(a)	Thomas OATES	
	Registered Agent and Registered Office shown on the records of the Florida Dept. of	State:
	1150 EAST ATCANTIC BLUD	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
		77 SEC 77
	Pompano Beh .FL 33060	SECRETALLA
	C 1	ETARY OF LAHASSE
b)	RICK BLELOWKA	TARY OF AHASSI
	Enter name of NEW Registered Agent and/or NEW Registered Office address:	Code Code
		STA 8:1
	8115W14CORT	
	NEW Registered Office Address:	
	Pumpano Beh, FL 330LD	
	, FL	<u></u>
e li	mited liability company is not organized under the laws of the State o	f Florida, it is hereby confirmed that after
:hai	nge or changes are made, the Florida street address of the registered o fill be identical. Or, in the case of a Florida limited liability company.	ffice and the business office of the registered it is hereby confirmed that the change(s)
wc	re authorized by an affirmative vote of the members of the limited lial	bility company or as otherwise provided in
1	cles of organization or the operating agreement of the limited liability	1 · - 1
-	ure of a member of authorized representative of a member	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 of Registered Agent

## 2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000010640

Entity Name: TRANSPURT BY WHEELS, ELC

**Current Principal Place of Business:** 

1150 EAST ATLANTIC BOLLEVARD

R

POMPANO BEACH, FL 33060

Current maining Address:

811 SW 14TH CT

POMPANO BEACH, FL 33060 US

FEI Number: 48-1307868

Certificate of Status Desired: No

**FILED** Mar 30, 2018

Coordany of Chata

CC5245621533

Name and Address of Current Registered Agent:

OATES, THOMAS D 1150 EAST ATLANTIC BOULEVARD POMPANO BEACH, FL 33060 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 Flonda

SIGNATURE:

Electronic digrictors of registeres rightin

10-1-

Authorized Person(s) Detail:

Title

**MGRM** 

.....

Address

811 SW 14TH COURT

City-State-Zip. POMPANO BCH FL 33060

Uneretry 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 leability 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.