

LO7000079536

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

JUN 29 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Buddys Transportation 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:

STANLEY CARSON
(Name of Person)

Buddys Transportation LLC
(Firm/Company)

P.O. BOX 510490 #11
(Address)

MIAMI FLA. 33257
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Danyelle Randolph at (786) 260-1216
(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 13, 2009

DANYELLE RANDOLPH
P.O. BOX 570490
MIAMI, FL 33257

SUBJECT: BUDDY'S TRANSPORTATION L.L.C
Ref. Number: L07000079536

We have received your document for BUDDY'S TRANSPORTATION L.L.C and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6984.

Deborah Bruce
Regulatory Specialist II

Letter Number: 209A00001150

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Pursuant to the provisions of sections 608.416 or 608.508, 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: Buddy's Transportation LLC

2. (a) Principal office address of limited liability company: 20214 SW 126th
Homestead FLA 33032
(Note: **MUST BE STREET ADDRESS**)

(b) Mailing address of limited liability company: P.O. Box 570490
Miami FLA 33257
(Note: **MAY BE POST OFFICE BOX**)

AUG 02 2007
3. Date of filing/registration in Florida

LO7000079536
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

Marsha Randolph

Registered Office Address:

11310 SW 155th St.
Miami FLA. 33157

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent:

STANLEY CARSON

NEW Registered Office Address:

15605 SW 109th

(MUST BE FLORIDA STREET ADDRESS)

Miami

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.

Darxelle Randolph
(Signature of a member or authorized representative of a member)

Darxelle Randolph
(Printed or typed name of signer)

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 608, 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.

Stanley Carson
(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00