18000012

(Requ	uestor's Name)	
(Addr	ess)	
(Addr	ess)	
(City/	State/Zip/Phone	⇒#)
PICK-UP	TIAW [MAIL
(Busii	ness Entity Nan	ne)
(Docu	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		
RA		

Office Use Only



400111275174

11/01/07--01047--013 **55.00

07 NOV -1 PH 3: 55

COVER LETTER

TO: Registration Section

INHS18 (8/05)

Division of Corporations			
SUBJECT: MEGA TRANSPORTATION GROUP 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:			
MIOSOTIS CACERES			
(Name of Person)			
Moster Com & for			
(Firm/Company)			
2615 SUNBURY ST			
(Address)			
ORLANDO, FLORIDA, 32837			
(City/State and Zip Code)			
For further information concerning this matter, please call:			
1 of fulfiller information concerning and matter, please out			
MIOSOTIS CACERES at (407) 251-8080			
(Name of Person) (Area Code & Daytime Telephone Number)			
STREET/COURIER ADDRESS: MAILING ADDRESS:			
Registration Section Registration Section			
Division of Corporations Division of Corporations			
Clifton Building P.O. Box 6327			
2661 Executive Center Circle Tallahassee, Florida 32314			
Tallahassee, Florida 32301			
Enclosed is a check for the following amount:			
☐ \$25 Filing Fee			
—			

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. The name of the limited liability company is: MEGA	TRANSPORTATION GROUP LLC		
2. The mailing address of the limited liability company	is: 2615 SUNBURY ST		
ORLANDO, FLORIDA, 32837 EIN# 37-15	49595		
08/27/2007	L07000087786		
3. Date of filing/registration in Florida	4. Document number		
5. The name of the registered agent and the registered of Florida Department of State:	ffice address as shown on the records of the		
YOVANNI ABREU	DIV.		
Name	07 07 07 07 07 07 07 07 07 07 07 07 07 0		
2615 SUNBURY ST	8		
Addres	SECRETAR /ISION CF 1 07 NOV - 1		
ORLANDO, FLORIDA, 3283	*		
City, State a	nd Zip		
6. The name and address of the new registered agent and	i/or office: پي		
MIOSOTIS CACERES	55 		
Name	7		
2615 SUNBURY ST			
Florida street address (P.O.)	Box NOT acceptable)		
	32837		
City, State and	ł Zip		
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be id liability company, it is hereby confirmed that the change of the members of the limited liability company or as or or the operating agreement of the limited liability company. (Signature of a member or authorized representative of a member)	e Florida street address of the registered office entical. Or, in the case of a Florida limited e(s) was/were authorized by an affirmative vote therwise provided in the articles of organization		
MIOSOTIS CACERES	_ YOUANNI PADIEU.		
(Printed or typed name of signee)	(
I hereby accept the appointment as registered agent an comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability comp (Signature of Registered Agent)	d agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in merely reflect a change in the registered office any has been notified in writing of this change.		

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