## 107000098834

(Requestor's Name)  (Address)	900112608679		
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	12/03/0701018004 **25.00		
Special Instructions to Filing Officer:	O7 DEC -3 PH 12: 37 SECRETARY OF STATE TALLAHASSEE, FLORIDA		

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DB 12-03-07

## **COVER LETTER**

TO: Registration Section Division of Corporations					
SUBJECT: Tactical Transport LLC (Name of	Limited Lie	ability Company)			
Dear Sir or Madam:					
The enclosed Registered Agent/Registered	Office Char	nge and fee(s) are submitted for	filing.		
Please return all correspondence concerning	this matter	r to the following:			
Loren Timmerman					
(Name of Person)		- <del></del>			
Tactical Transport		<del></del>			
(Firm/Company)			- •		
P.O. Box 781330			SEC	07(	- Samuel Na
(Address)	····		AHA	EC	8
Sebastian, Florida 32978			CRETARY OF STATE LAHASSEE, FLORID	7 OEC -3 PI	
(City/State and Zip Code)			FLOF	PM 12: 37	hean F A
For further information concerning this mat	ter, please c	eall:	NDA N	37	
Loren Timmerman	at ( 772	) 581-1583			
(Name of Person)		(Area Code & Daytime Tele	phone 1	Numb	er)
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	ng amount:	:			
<b> ₹ ₹ § 25 Filing Fee</b>		\$55 Filing Fee & Certified Cop	у		

## 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.

<b></b> ,		•	
1. The name of the lim	ited liability compa	any is: Tactical Transport LLC	
2. The mailing address	of the limited liab	ility company is : P.O. BOx 781330 Se	bastian Florida 32978
September 27,2007	······································	L07000098834	
3. Date of filing/registration in Florida 4. Document num			iber
	stered agent and th	e registered office address as shown o	on the records of the
•	Michael Brent	Timmerman	
		Name	
	1368 Coverbro		
		Address	
	Sebastian Flori	da 32958 City, State and Zip	
		•	TAT O
6. The name and addres	s of the new regist	ered agent and/or office:	7 D
	Loren Timmerr	man	DEC CRET
	2010111111111	Name	-3 AR SSS
	9599 Gater Driv		<u>~</u> ~≺ "
	Florida street a	address (P.O. Box NOT acceptable)	
	Sebastian	FI. 32958	D IZ: 37 STATE LORIG
	<del></del>	FL 32958 City, State and Zip	
	`	City, State and Zip	•
confirmed that after the and the business office liability company, it is h	change or changes of the registered ag nereby confirmed t imited liability con ept of the limited l working representative of	a member)	of the registered office of a Florida limited I by an affirmative vote
Michael R (Printed or typed name of signs	Sreit [i]	nmelinan	
I hereby accept the app comply with the provision and I am familiar with a Chapter 608, F.S. Or, i address, I hereby confir	pointment as regist ons of all statutes i and accept the obli if this document is m that the limited	ered agent and agree to act in this cap elative to the proper and complete pe gations of my position as registered a being filed to merely reflect a change liability company has been notified in	Pacity. I further agree to rformance of my duties, gent as provided for in in the registered office writing of this change.
Signature of Registered Agent	num		

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