

L07000112971

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

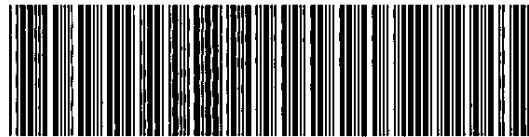
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600184824006

09/01/10--01012--012 **35.00

FILED
2010 SEP 17 PM 0:57
CLERK OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

SEP 20, 2010

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 2, 2010

BLANCA PATINO
CP TRANSPORTATION, LLC.
8383 NW 66 STREET
MIAMI, FL 33166

SUBJECT: C.P TRANSPORTATION L.L.C
Ref. Number: L07000112971

We have received your document for C.P TRANSPORTATION L.L.C and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a corporation, but your entity is a limited liability company. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of 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) 245-6047.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 510A00021068

COVER LETTER

TO: Amendment Section
Division of Corporations


SUBJECT: CP Transportation Inc.
Name of Corporation

DOCUMENT NUMBER: L07000112971

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Blanca Patino
Name of Contact Person

 CP Transportation, Inc.
Firm/Company

8383 NW 66th Street
Address

Miami, Florida 33166
City/State and Zip Code

cptransport4@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Blanca Patino at (305) 396-6905
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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: C P Transportation, LLC.
2. (a) Principal office address of limited liability company: 8383 NW 66th Street
☐ (Note: **MUST BE STREET ADDRESS**) Miami, Florida 33166
- (b) Mailing address of limited liability company: 10024 NW 41st Street
☐ (Note: **MAY BE POST OFFICE BOX**) Miami, Florida 33178.

11/07/2007
3. Date of filing/registration in Florida

L07000112971
4. Document number

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

Registered Agent:

Blanca Patino

Registered Office Address:

10024 NW 41st Street
Miami, Florida 33178

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

NEW Registered Agent:

Blanca Patino

NEW Registered Office Address:

10024 NW 41st St.

(MUST BE FLORIDA STREET ADDRESS)

Miami, FL 33128

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.

Signature of member or authorized representative of a member

Blanca Patino
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. On 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

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

FILED
2010 SEP 17
TALLAHASSEE, FLORIDA
STATE SECRETARY