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TO:

INHS18 (2/14)

Registration Section

Division of Corporations
SUBJECT: LICHTWING COGISTICS, LLC Name of Limited Liability Company
Name of Emilied Elability 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:
Name of Person
CIGHTNING LOGISTICS, LLC
Firm/Company
202 CRYSTAL GROVE BLUD
Address
Lutz FL 33548
City/State and Zip Code
DHARRIS @ LIGHTNING LOGISTICS GROUP. COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
DAVID HARRIS at (813) 470.0704
Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle MAILING ADDRESS: Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Tallahassee, Florida 32301
Enclosed is a check for the following amount:
\$25 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.

	.		,		, , ,	1	
l. Na	me of the limited liability company:	INING	ره	G 15TICS	,		
	LIGHTNING LOGISTICS, LLC.	(b)	LIGHTN	ing C	ogistics, Ll	LC.
	Principal office address of limited liability company:		, 	Mailing a	ddress of lim	ited liability company:	
	202 (RYSTAL GROVE BLV	ه				OST OFFICE BOX	2.
		<u>v.</u>		NO2	CRYST	73548	<u>13 C</u>
	LYTZ, FL 33548			CUTZ	· , PL	33548	
	12/05/2008			2080	00 //	1686	
3.	Date of filing/registration in Florida	4.	··=·		nent numbe		
5. (a)	HARRIS TROUBLE	, NE	7				
J. (a)	Registered Agent and Registered Office shown on the records	of the Florida	Dept.	of State:			
	19251 STONE HEAGE DR.						
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS	2	<u> </u>			
						15	
	TAMOA	FL 3	336	47			
		rL		<u> </u>		± 200	 /2"
(b)						선생 목 정요	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	_				全	
	202 CRYSTAL GROV	e Bo	(Lu			37 37	
	NEW Registered Office Address:						
							
	<u> </u>	fl <u> </u>	354	18			
If the li	mited liability company is not organized under the l	laws of the	State	of Florida it	is hereby (confirmed that after	
the chai	nge or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited	of the regis	stered :	office and th	e business	office of the registe	red
was/we	re authorized by an affirmative vote of the members	s of the lim	ited lia	ability compa	any or as o	therwise provided in	n
the artic	cles of organization or the operating agreement of the				. 7)	HARRIS	
Signat	ure of a member or authorized representative of a member		J40	Printed	or typed nam	e of signee	
II	•						the
provision the obli	y accept the appointment as registered agent and a ons of all statutes relative to the proper and comple igations of my position as registered agent as provid by reflect a change in the registered office address,	te performe ded for in C	ance o Chaptè	f my duties, a r 605, F.S. (and I am fa Or, if this a	miliar with and acc locument is being fi	ept led
to mere notifica	Ty reflect a change in the registered office address, it is writing of this change.	I hereby co	onfirm	that the limi	ted Tiabilit	y company has béer	1
	The state of the s						
Signatur	e of Registered Agent						
, ,							