

L09000020962

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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DIVISION OF CORPORATION  
10 DEC - 1 AM 10:57

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** JAN&C TRANSPORT, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JANIS M GORZ

Name of Person

JAN&C TRANSPORT, LLC

Firm/Company

41 S. LINCOLN ST

Address

BEVERLY HILLS, FL 34465

City/State and Zip Code

JGORZ@HOTMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JANIS M GORZ

Name of Person

at ( 352 )

527-8374

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



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DIVISION OF CORPORATIONS

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FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER  
FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: JAN&C TRANSPORT, LLC

2. This limited liability company was organized under the laws of:  
THE STATE OF FLORIDA

3. The Florida document/registration number of this limited liability company is:  
L09000020962

4. I, CHARLES W GORZ, hereby resign as a VP  
(Print Name of Person Resigning) (Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Charles W Gorz (see attached)  
Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

# BRITISH COLUMBIA

Vital Statistics Agency

*Our son will be  
replacing Charles W. Gorz  
as President*

## IMPORTANT DOCUMENT

This certificate is a valuable legal document. Please keep it in a secure place.

ERRORS OR OMISSIONS MUST BE REPORTED DIRECTLY TO THE VITAL STATISTICS AGENCY WITHIN 90 DAYS OF ISSUE.

THIS CERTIFICATE IS INVALID IF PLASTICIZED OR ALTERED

# BRITISH COLUMBIA

# CERTIFICATE OF DEATH

PROVINCE OF BRITISH COLUMBIA  
Vital Statistics Agency

22430421

This is to certify that the following is an extract from the registration on file with the Vital Statistics Agency, Victoria, British Columbia, concerning the death of

Name CHARLES WAYNE GORZ

Date of Death APR 20, 2010

Sex MALE

Place of Death KELOWNA

Age 64 YEAR(S)

Registration No. 2010-59-009599

Birthplace ILLINOIS, USA

Residence BEVERLY HILLS, FLORIDA



# BRITISH COLUMBIA

Given under my hand at Victoria, British Columbia

this 23 day of APR 2010

*Andrew K. McBride*  
Andrew K. McBride  
Chief Executive Officer  
Vital Statistics Agency

VSA 435L (REV. 01/07)