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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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DIVISION OF CORPORATIONS
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C.L.
4-21-15

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: APE Transportation Services, 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:

Steven Barnard

Name of Person

APE Transportation Services

Firm/Company

11289 Persimmon Blvd.

Address

West Palm Beach, FL 33411

City/State and Zip Code

Bamy363@Bellsouth.net

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

For further information concerning this matter, please call:

Steve Barnard

561 790-7882

at ()

Name of Person

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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(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Rebecca Acosta	KM7 Via La Calera.	<input checked="" type="checkbox"/> Add
		Vereda El Hato. Lote B-4-2	<input type="checkbox"/> Remove
		La Calera, Colombia	
AMBR	Rosman Acosta	KM7 Via La Calera.	<input checked="" type="checkbox"/> Add
		Vereda El Hato. Lote B-4-2	<input type="checkbox"/> Remove
		La Calera, Colombia	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

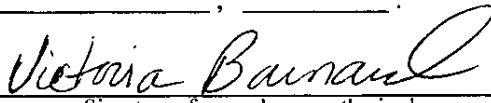
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E. Effective date, if other than the date of filing: _____ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated March 30, 2015



Signature of a member or authorized representative of a member

Victoria Barnard

Typed or printed name of signee