## 1100000005339

(Requestor's Name)				
(Ad	dress)			
(Ad	dress)	······································		
(Cit	y/State/Zip/Phon	e #)		
PICK-UP	WAIT	MAIL		
(Bu	siness Entity Nar	ne)		
(Do	cument Number)			
Certified Copies	_ Certificates	s of Status		
		1		
Special Instructions to	Filing Officer:			

Office Use Only



300182630353

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10 JUN 28 PH 4: 36

D. BRUCE

JUN 29 2010

**EXAMINER** 

## **COVER LETTER**

Division of	Corporations				i		
SUBJECT:	Trinie Tran						<del></del>
	Name o	f Limited	l Liabilit	y Compan	У .		
Dear Sir or Madam	:					t	
The enclosed Regis	stered Agent/Registered	l Office (	Change a	nd fee(s) a	are submitted fo	r filing.	
Please return all co	rrespondence concernir	ng this m	atter to th	he followi	ng:		
	Sandra Hashar				•		
	Sandra Hoshor Name of Person			-	<u>.</u>	•	
					!		
	C I I Machan CDA				:		
	S H Hoshor CPA Firm/Company			-	•		
	9897 Lake Worth Rd			_ ·	;		
	Address		·····	_		H hit is	
					•		10
La	ake Worth, FL 33467	,	•	· . •		3.5	
	City/State and Zip Code	······		•		£25	JUN 28
						Control Control Control	
sl	noshor@comcast.net be used for future annual repo			_		11.11	H
E-mail address: (to	be used for future annual repor	rt notificatio	on)				ë (
For further informa	tion concerning this ma	atter, plea	ase call:		1 .		ယ <del>ย</del> ာ
					·		
Com	dua I Jackou	,	F04		, 424 1655		
	dra Hoshor of Person	at (_		rea Code & D	434-1655 Daytime Telephone N	lumber	_
	0.1015011				,		
	OURIER ADDRESS:			LING ÁDI			
Registration				stration Section of Corp			
Division of C Clifton Build				Box 6327	oorations		
	ive Center Circle			hassee, Flo	rida 32314		
	Florida 32301		. •		,		
Enclosed is	a check for the follow	ving amo	ount:		•		
\$25 Filin	g Fee		\$55 Filing Fee & Certified Copy				

TO: Registration Section

## 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:Trinie T	<u>ransportation of South F</u>	Florida LLC			
2. (a) Principal office address of limited liability compar	ny: 9897 Lake Worth	Road, Ste 201			
(Note: MUST BE STREET ADDRESS)	<u> </u>				
(b) Mailing address of limited liability company:	P.O. Box 22225				
(Note: MAY BE POST OFFICE BOX)	West Palm Beach, FL 33416				
June 18, 2010	L100000653	39			
3. Date of filing/registration in Florida	4. Document number	•			
5. (a) Registered Agent and Registered Office shown or	the records of the Florida De	pt. of State:			
Registered Agent:	Joel Ramjohn				
Registered Office Address:	2357 Avenida Alhambra West Palm Beach; FL 33415				
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	EW Registered Office addres	JUN 28			
NEW Registered Agent:	Sandra Hoshor	<del>- 17 - 1</del> 71			
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	9897 Lake Worth Rd, Ste 2017 5				
	Lake Worth				
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be identiability company, it is hereby confirmed that the change of the members of the limited liability company or as other or the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member	Florida street address of the re	gistered office			
Joel Ramjohn Printed or typed name of signee	· ,				
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the p and I am familiar with and accept the obligations of my p Chapter 608, F.S. Or, if this document is being filed to m address, I hereby confirm that the limited liability company.  Signature of Registered Agent	agree to act in this capacity. roper and complete performan osition as registered agent as werely reflect a change in the ri ny has been notified in writing	I further agree to ace of my duties, provided for in egistered office of this change.			

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