

L110000006850

(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



300192261893

01/24/11--01019--002 \*\*25.00

FILED  
11 JAN 24 PM 3:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN

JAN 25 2011

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Waycross Agent L.L.C.

Name of Limited Liability Company

Dear Sir or Madam:

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

Please return all correspondence concerning this matter to the following:

John Y. Bryant

Name of Person

Waycross Agent L.L.C.

Firm/Company

8874 Nature View Lane W.

Address

Jacksonville, FL. 32217

City/State and Zip Code

nutmeg@hotsheet.com

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

FILED  
11 JAN 24 PM 3:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

John Y. Bryant

Name of Person

at ( 904 )

Area Code & Daytime Telephone Number

425-2646

### STREET/COURIER ADDRESS:

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

### MAILING ADDRESS:

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

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &  
Certificate of Status

☐ \$55 Filing Fee &  
Certified Copy

☐ \$60 Filing Fee,  
Certificate of Status &  
Certified Copy

CR2E062 (08/05)

**ARTICLES OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 608.4115, F.S., this document is being submitted within the required **business days** to correct the attached articles of organization or application to transact business in Florida.

**FIRST:** The name of the limited liability company is:  
Waycross Agent L.L.C.

**SECOND:** The articles of organization or the application to transact business

**(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)**



Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

My mother June Bryant is no longer a Managing member. I wish to remove  
my mother from Artical V so I can establish this new company as a sole  
proprietorship.

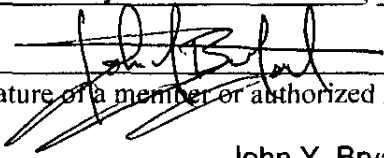
**OR**



Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated: January 21st, 2011

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

John Y. Bryant

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fee:** \$25.00  
**Certified Copy:** \$30.00 (optional)

**FILED**  
11 JAN 24 PM 3:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

L11000006850  
FILED 8:00 AM  
January 18, 2011  
Sec. Of State  
clewis

**Article I**

The name of the Limited Liability Company is:  
WAYCROSS AGENT, LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:

8874 NATURE VIEW LANE W.  
JACKSONVILLE, FL. US 32217

The mailing address of the Limited Liability Company is:

8874 NATURE VIEW LANE W.  
JACKSONVILLE, FL. US 32217

**Article III**

The purpose for which this Limited Liability Company is organized is:  
INDEPENDENT TRUCK AGENT OR DISPATCHER

**Article IV**

The name and Florida street address of the registered agent is:

JOHN BRYANT  
8874 NATURE VIEW LANE W.  
JACKSONVILLE, FL. 32217

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: JOHN BRYANT

FILED  
11 JAN 24 PM 3:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## Article V

The name and address of managing members/managers are:

Title: MGRM  
JOHN BRYANT  
8874 NATURE VIEW LANE W.  
JACKSONVILLE, FL. 32217 US

Title: MGRM  
JUNE BRYANT  
8874 NATURE VIEW LANE W.  
JACKSONVILLE, FL. 32217 US

L11000006850  
FILED 8:00 AM  
January 18, 2011  
Sec. Of State  
clewis

## Article VI

The effective date for this Limited Liability Company shall be:

01/17/2011

Signature of member or an authorized representative of a member

Electronic Signature: JOHN BRYANT

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

FILED  
11 JAN 24 PM 3:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA