

4100016511

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H24000104643 3)))



H240001046433ABCY

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : ZIMMERMAN, KISER, & SUTCLIFFE, P.A.  
Account Number : I19990000006  
Phone : (407)425-7010  
Fax Number : (407)425-2747

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: corporate@zkslawfirm.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
TRUCKERS SOLUTION, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

RECEIVED

2024 MAR 19 PM 2:50

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

RECEIVED

2024 MAR 19 AM 10:50

FILED

Electronic Filing Menu

Corporate Filing Menu

Help  
T. LEMIEUX

MAR 20 2024

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **TRUCKERS SOLUTION, 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.

**WILLIAM H. ROBBINSON, JR, ESQUIRE**

Name of Person

**ZIMMERMAN, KISER & SUTCLIFFE, P.A.**

Firm/Company

**315 E. ROBINSON STREET, SUITE 600**

Address

**ORLANDO, FLORIDA 32801**

City/State and Zip Code

**KFULMER@SUNSTATECARRIERS.COM**

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

For further information concerning this matter, please call.

**Jessica Snyder, Corporate Paralegal**

**407**

**425-7010**

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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



AMBR = Authorized Member

[illegible]

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

[illegible]

E. Effective date, if other than the date of filing: UPON FILING (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated **MARCH 18** 2024

Signature of a member or authorized representative of a member

PHILIP FULMER

Typed or printed name of signer

**Filing Fee: \$25.00**