

L11000127676

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

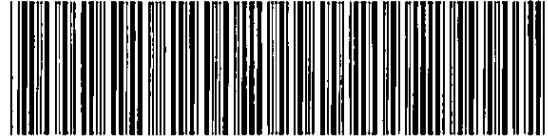
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200305238472

11/03/17--01010--007 **30.00

18 JUN 30 AM 9:51
JUN 30 -3 10:11:45

O. SIMMONS

10/1/17



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 3, 2017

TYSON WARD
7970 THOMPSON NURSERY RD
WINTER HAVEN, FL 33884

SUBJECT: OAKLEY TRUCKING, LLC
Ref. Number: L11000127676

We have received your document for OAKLEY TRUCKING, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons
Regulatory Specialist II

Letter Number: 517A00022315

RECEIVED
DEPARTMENT OF STATE
18 JAN 30 AM 9:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Oakley Trucking LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tyson Ward

Name of Person

Oakley Trucking LLC

Firm/Company

7970 Thompson Nursery Rd

Address

Winter Haven, FL 33884

City/State and Zip Code

tysontransportationllc@gmail.com

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

For further information concerning this matter, please call:

Tyson Ward

863

287-7415

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

Fed-ex

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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>
MGR	Oakley, Thomas E II	3054 NW Stoney Creek Ave	<input type="checkbox"/> Add
		Jensen Beach FL 34957	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Oakley, Patricia L.	3054 NW Stoney Creek Ave	<input type="checkbox"/> Add
		Jensen Beach FL 34957	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Ward, Tyson	7970 Thompson Nursery Rd	<input checked="" type="checkbox"/> Add
		Winter Haven FL 33884	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

10:51 AM
JAN 30 2011

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

E. Effective date, if other than the date of 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.

(b) The 90th day after the record is filed.

Dated October 10 2017

Tyson Moore
Signature of a member or authorized

Signature of a member or authorized representative of a member

Tyson Ward

Typed or printed name of signee