

L12 0000 66206

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

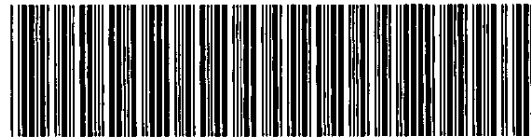
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2012 MAY 25 PM 12:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

T. CLINE
MAY 29 2012
EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: A+ Auto Transportation, 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:

Adriana Nam

Name of Person

A+ Auto Transportation, LLC

Firm/Company

9696 Phipps Lane

Address

Wellington, FL 33414

City/State and Zip Code

pedro_nam@yahoo.com

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

For further information concerning this matter, please call:

Pedro Nam

Name of Person

at (561)

267-4701

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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TALLAHASSEE, FLORIDA

A+ Auto Transportation, LLC

Page 1 of 2

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

MGR = Manager

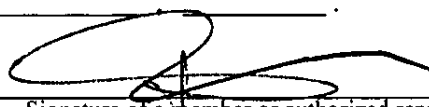
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Alberto Silveira	2200 W. Shoshone St. Pasco, WA 99301	☒ Add ☐ Remove
			☐ Add ☐ Remove
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			☐ Add ☐ Remove

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 MAY 25 2010
 12:00 PM
 CLERK OF DISTRICT COURT
 TALLAHASSEE, FLORIDA

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

Dated _____



Signature of a member or authorized representative of a member

Pedro Nam

Typed or printed name of signee