

L130000028192

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

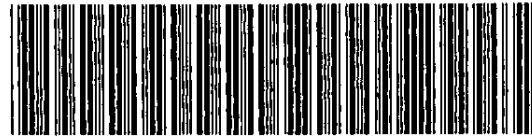
(Document Number)

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STATE
CLERK

J. SAULSBERRY
EXAMINER
AUG 06 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MR G TRUCKING,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:

GARRY BINNS

Name of Person

Firm/Company

P O BOX 771642

Address

OCALA, FLORIDA 34477

City/State and Zip Code

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

For further information concerning this matter, please call:

GRANVILLE BINNS

Name of Person

352 804-6589

at ()

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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CLERK OF STATE
TALLAHASSEE, FLORIDA

FILED

MR G TRUCKING,LLC

Page 1 of 3

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:

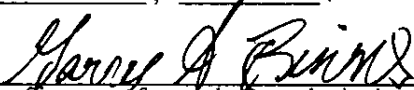
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	GARRY BINNS	P O BOX 771642	<input checked="" type="checkbox"/> Add
		Ocala, FL 34477	<input type="checkbox"/> Remove
MGRM	GRANVILLE BINNS	3927 SW 102 LANE ROAD	<input type="checkbox"/> Add
		Ocala, FL 34476	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

2013 AUG 2 4:08 PM
STATE OF FLORIDA

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

Dated **JULY 17TH**, **2013**



Signature of a member or authorized representative of a member

GARRY BINNS

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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