

L13000112412

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA  
SOLICITOR OF STATE

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: COLON TRASNPORIT 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:

ALEXANDER COLON

Name of Person

Colon Transport LLC

Firm/Company

1826 Windchester Ct

Address

Saint Cloud, FL 34771

City/State and Zip Code

floridatruckcenter@gmail.com

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

For further information concerning this matter, please call:

Alexander Colon

Name of Person

at (407) 749-3087

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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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
<u>Pr</u>	<u>NEGRON, LARRY</u>	<u>1871 Ridgeway rd rt 571</u>	<input checked="" type="checkbox"/> Add
		<u>Toms River, NJ 08757-2235</u>	<input type="checkbox"/> Remove
<u>Vp</u>	<u>COLON, ALEXANDER</u>	<u>1826 Windchester Ct</u>	<input checked="" type="checkbox"/> Add
		<u>St Cloud, FL 34771</u>	<input type="checkbox"/> Remove
<u>Sc</u>	<u>Mendoza, Carol</u>	<u>1826 Windchester Ct</u>	<input checked="" type="checkbox"/> Add
		<u>St Cloud, FL 34771</u>	<input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Remove

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

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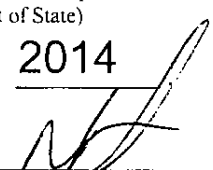
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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated January 23, 2014

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

**Noemi Figueroa**

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

**Page 3 of 3**

**Filing Fee: \$25.00**

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