

L13 000135835

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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CLINE

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Runner Taxi II 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:

Edgar Rodriguez  
Name of Person

\_\_\_\_\_  
Firm/Company

2321 Flamingo Lakes Dr.  
Address

Kissimmee FL 34743  
City/State and Zip Code

ajaffordableservices@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Edgar Rodriguez at (321) 305-2807  
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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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Runner Taxi 11 LLC

## Best Runner 11 LLC

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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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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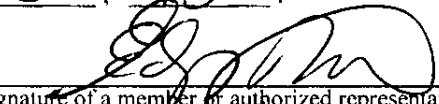
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Dated November 5, 2013

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
Edgar Rodriguez  
\_\_\_\_\_  
Typed or printed name of signee

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Filing Fee: \$25.00

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