L13000147435

(5)		
(Re	questor's Name)	
		
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
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T. BROWN

COVER LETTER

y or a	COVERLETTER
TO: Registration Section Division of Corporations	
SUBJECT: FAMILY TEA	M TRANSPORT LLC me of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Regis	tered Office Change and fee(s) are submitted for filing.
Please return all correspondence conc	erning this matter to the following:
MARIA Pekez Name of Person	
Firm/Company	
91940 overseas Huy Address	SUHE#3
TAVERNIER FL 3201 City/State and Zip Code	<u>D</u>
FAMILY FRAM TRANSPORT OF I	JAHOO-COM report notification)
For further information concerning the	is matter, please call:
MARIA PEREZ Name of Person	at (<u>305</u>)863-5338 Area Code & Daytime Telephone Number
STREET/COURIER ADDRES Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	S: MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the fo	ollowing amount:
□ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608 liability company submits the following statement in oragent, or both, in the State of Florida.	.508, Florida Statutes, the undersigned limited der to change its registered office or registered
1. Name of the limited liability company: FANTY	FEAM TRANSPORT LLC
2. (a) Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS)	ny:91940 Overseas HWY Suite's TAVERNIER, FL 33070 3054173871
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	PEC TO THE
10/18/2013	L13000147435篇量 0
3. Date of filing/registration in Florida	4. Document number 75 75 75 87 79
5. (a) Registered Agent and Registered Office shown o	
Registered Agent:	ALAN MURGAS
Registered Office Address:	91940 Overseas Huy Svik3 TAVERNER, FL 33070
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u> <u>NEW</u> Registered Agent:	EW Registered Office address: VASSER MESA
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	91940 Overseas Huy Svite#3 TAVERUTER ,FL 33070
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ide liability company, it is hereby confirmed that the change the members of the limited liability company or as other the operating agreement of the limited liability company Signature of a member or authorized representative of a member	Florida street address of the registered office entical. Or, in the case of a Florida limited (s) was/were authorized by an affirmative vote of wise provided in the articles of organization or
Printed or typed name of signee	
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the	d goree to act in this canacity. I further goree to
and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I horeby confirm that the limited liability compositions of Registered Agent	d agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in merely reflect a change in the registered office any has been notified in writing of this change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00