

# L13000177134

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

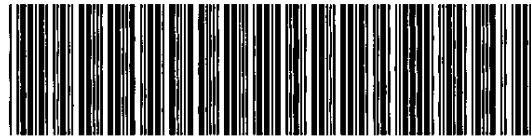
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FEB -3 2013  
T. HAMPTON

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Specialty Motor Sales 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:

Jennifer Mills  
Name of Person

Specialty Motor Sales LLC  
Firm/Company

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State and Zip Code

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

For further information concerning this matter, please call:

Jennifer Mills at (563) 663-0403  
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

Specialty Motor Sales LLC

Page 1 of 3

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**MGR = Manager**  
**AMBR = Authorized Member**

**Type of Action**

1180 N Dixie Freeway  
New Smyrna Beach FL 32168

 Add

☐ Remove☐ Add☐ Remove

☐  move

**Ad**

## Remove

☐ Add

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move  
Remove  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE  
D

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

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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 1-27-2014 . \_\_\_\_\_



Signature of a member or authorized representative of a member

Jennifer Mills

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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