

L14000010108

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

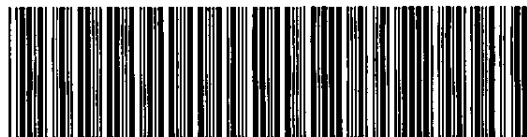
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK
DEC 11 2014
EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: VETERANS TRANSPORTATION GROUP 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:

Michael P Solomon

Name of Person

VETERANS TRANSPORTATION GROUP LLC

Firm/Company

3017 Ravenswood Road #103

Address

Fort Lauderdale, FL 33312

City/State and Zip Code

msolomon@usatrans.com

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

For further information concerning this matter, please call:

Michael P Solomon

at (954) 241-8102

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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TALLAHASSEE, FL 32301

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VETERANS TRANSPORTATION GROUP LLC

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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>
AMBR	KENNETH C JENNE	1330 SE 4TH AVE, SUITE A	<input type="checkbox"/> Add
		FORT LAUDERDALE, FL 33316	<input checked="" type="checkbox"/> Remove
			<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.)*

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 November 24, 2014

Michael P Solomon

Signature of a member or authorized representative of a member

Michael P Solomon

Typed or printed name of signee

Page 3 of 3
Filing Fee: \$25.00

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