

L14 0000 62987

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

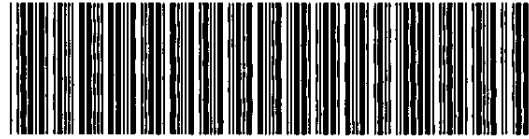
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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04/28/14--01013--001 **25.00

2014 MAY 28 PM 2:54
CLERK OF SUPERIOR COURT
TALLAHASSEE, FLORIDA

MAY 28 2014

T CLINE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 5, 2014

CHRISTINA ROMAN
6530 SW 5TH ST
PEMBROKE PINES, FL 33023

SUBJECT: COUNTY LINE DELIVERY SERVICES LLC
Ref. Number: L14000062987

We have received your document for COUNTY LINE DELIVERY SERVICES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

The document number of the name conflict is P12000097310.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammi Cline
Regulatory Specialist II

Letter Number: 314A00009527

2014 MAY 28 PM 2:54
TALLAHASSEE
REGISTRAR

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: County Line Delivery Services, 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:

Christina Roman

Name of Person

Firm/Company

6530 SW 5th St

Address

Pembroke Pines, FL 33023

City/State and Zip Code

CountylineCargo@gmail.com

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

For further information concerning this matter, please call:

Christina Roman

Name of Person

at

(305) 310 5713

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

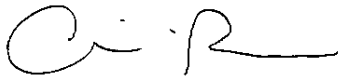
2014 MAY 28 PM 2:54
CLERK OF COURT
TALLAHASSEE, FL 32301
CALL ANGELO FERRERA

May 22, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations
P.O. Box 6327 Clifton Building
Tallahassee, FL 32314

I, Christina Roman President of County Line Cargo, Inc. have no intention of reinstating this entity. Therefore, releasing the name for use to another entity. The document number in conflict is P12000097310.

Sincerely,



Christina Roman
6530 SW 5th Street
Pembroke Pines FL. 33023

2014 MAY 28 PM 2:54
STATE OF FLORIDA
DIVISION OF CORPORATIONS

County Line Delivery Services LLC

The Articles of Organization for this Limited Liability Company were filed on 04/17/14 and assigned
Florida document number L14000062987

County Line Cargo LLC

Page 1 of 3

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

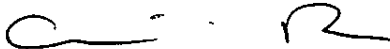
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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 _____, _____.



Signature of a member or authorized representative of a member

Christina Roman

Typed or printed name of signee

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

2014 MAY 28 PM 2:54

FILED