

L14000093870

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

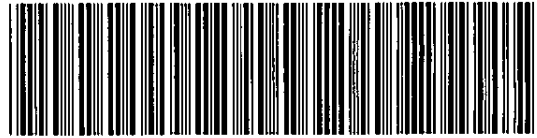
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY

NOV 23 2016



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 3, 2016

T-MANS TRUCKING LLC.  
KRISTEN D GYNN  
17153 WHISTLER SPRINGS LANE  
HILLIARD, FL 32046

SUBJECT: T-MANS TRUCKING LLC.  
Ref. Number: L14000093870

RECEIVED  
2016 NOV 21 PM 4:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for T-MANS TRUCKING 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):

We are enclosing the proper form(s) with instructions for your convenience.

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.

Karen A Saly  
Regulatory Specialist II

Letter Number: 116A00021241

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: T-MANS TRUCKING LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

KRISTEN D. GUYNN  
Name of Person

~~KRISTEN~~ T-MANS TRUCKING, LLC  
Firm/Company

17153 WHISTLER SPRINGS LANE  
Address

HILLIARD, FL 32046  
City/State and Zip Code

X Krisguynn02@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KRISTEN D. GUYNN at ( 904 ) 838-7229  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following 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 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: T-MAN'S TRUCKING LLC
2. (a) 171 53 WHISTLER SPRINGS LANE (b) SAME  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

HILLIARD, FL 32046

3. 6/4/2014 Date of filing/registration in Florida 4. L14000093870 Document number

5. (a) TRAVIS M. HADDEN (Prior R.A.)  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

37036 Southern Glau Way  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

HILLIARD, FL 32046

- (b) Kristen D. Gaynn  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

17153 Whistler Springs Lane  
NEW Registered Office Address:

HILLIARD, FL 32046

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

X [Signature]  
Signature of a member or authorized representative of a member

KRISTEN D. GAYNN  
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

X [Signature]  
Signature of Registered Agent

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA