

L400018725

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(Address)

(City/State/Zip/Phone #)

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**COVER LETTER**

**TO:** , Registration Section  
Division of Corporations

**SUBJECT:** Iver Express , LLC

\_\_\_\_\_  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Amendment or Cancellation of Statement of Authority and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jose D Neira , MGRM

\_\_\_\_\_  
Name of Person

Iver Express , LLC

\_\_\_\_\_  
Firm/Company

509 S Chickasaw Trl # 135

\_\_\_\_\_  
Address

Orlando , FL 32825

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

info@iverexpress.com

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

For further information concerning this matter, please call:

Jose D Neira , MGRM

at ( 855 ) 483-7397

\_\_\_\_\_  
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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**AMENDMENT OR CANCELLATION OF STATEMENT OF AUTHORITY**

Pursuant to section 605.0302(2), Florida Statutes, this limited liability company submits the following:

**FIRST:** The name of the limited liability company is: Iver Express , LLC

**SECOND:** The Florida Document number of the limited liability company is: L14000187295

**THIRD:** The street address of the limited liability company's principal office is:

509 S Chickasaw Trl # 135

Orlando , FL 32825

The mailing address of the limited liability company's principal office is:

509 S Chicksaw Trl # 135

Orlando , FL 32825

**FOURTH:** The date the statement of authority became effective is: 1/28/2015

**FIFTH:** The statement of authority is cancelled.

**OR**

The amendment to the statement of authority is

That The Title of Authority be Changed to : MGRM for

Jose D Neira - From MGR

  
Signature of authorized representative

Jose D. Neira, MGRM  
Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

## Detail by Entity Name

Florida Limited Liability Company

IVER EXPRESS, LLC

Filing Information

Document Number L14000187295  
FEI/EIN Number NONE  
Date Filed 11/24/2014  
State FL  
Status ACTIVE  
Effective Date 11/20/2014

Principal Address

509 S CHICKASAW TRL #135  
ORLANDO, FL 32825

Mailing Address

509 S CHICKASAW TRL #135  
ORLANDO, FL 32825

Registered Agent Name & Address

NEIRA, JOSE D  
1738 CROWN HILL BLVD  
ORLANDO, FL 32828

Authorized Person(s) DetailName & Address

Title MGR

NEIRA, JOSE D  
509 S CHICKASAW TRL #135  
ORLANDO, FL 32825

Annual Reports

No Annual Reports Filed

Document Images11/24/2014 -- Florida Limited Liability | [View image in PDF format](#)

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TALLAHASSEE, FLORIDA

→ please change title to  
MGR  
thank you, for  
your help in this  
request  
Greatly Appreciated