

LS000019847

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

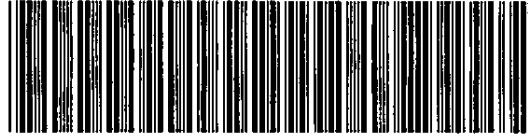
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

*Jasmine wants est date removed
canceled 3/3/15*

Office Use Only



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02/20/15--01021--015 **25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 FEB 23 AM 8:56

FILED

657
MAR 03 2015



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 26, 2015

JASMINE PAGAN
6835 NARCOOSSEE RD
ORLANDO, FL 32822

SUBJECT: TRINITY AUTO SALES LLC
Ref. Number: L15000019847

We have received your document for TRINITY AUTO SALES 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 effective date must be specific and cannot be prior to the date of filing.

Please return the corrected original and one copy of 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.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 315A00004043

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Trinity Auto 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:

Jasmine Pagan

Name of Person

Trinity Auto Sales LLC

Firm/Company

6835 Narcoossee Road

Address

Orlando, FL 32822

City/State and Zip Code

trinityauto05@yahoo.com

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

For further information concerning this matter, please call:

Jasmine Pagan

407

223-2922

at (_____) _____

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

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>
MGR	Jasmine Pagan	6835 Narcoossee Road Unit #5	<input checked="" type="checkbox"/> Add
		Orlando, FL 32822	<input type="checkbox"/> Remove
AMBR	Lizette M Rodriguez	6835 Narcoossee Road Unit #5	<input type="checkbox"/> Add
		Orlando, FL 32822	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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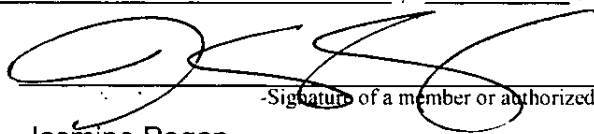
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 TALLAHASSEE, FLORIDA

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 February 18, 2015



Signature of a member or authorized representative of a member

Jasmine Pagan

Typed or printed name of signee

Page 3 of 3
Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA

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