

L15000044/27

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

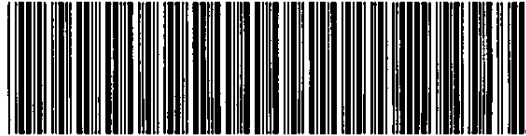
(Business Entity Name)

(Document Number)

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HALLAMASSEE FLORIDA

APR 16 2015
J. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Total Trailer and Fleet service 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:

Donald Larson

Name of Person

Total Trailer and Fleet services LLC..

Firm/Company

718 Sioux DR

Address

Orlando, FL 32807

City/State and Zip Code

ttfs1023@yahoo.com

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

For further information concerning this matter, please call:

Donald Larson

407 259-0454

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

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TALLAHASSEE, FLORIDA

Total Trailer and Fleet services LLC.

The Articles of Organization for this Limited Liability Company were filed on 3/11/2015 and assigned Florida document number **L15000044427**

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>
MGR	Dorothy M Larson	718 Sioux Dr	<input type="checkbox"/> Add
		Orlando FL 32807	<input checked="" type="checkbox"/> Remove
MGR	Donald Larson	718 Sioux Dr	<input checked="" type="checkbox"/> Add
		Orlando FL 32807	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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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 March 20 2015



Signature of a member or authorized representative of a member

Donald Larsen

Typed or printed name of signee

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