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COVER LETTER

		OG / ER EE!			
TO: Registration Sec Division of Corp					
SUBJECT: <u>U</u>	nity Transp	OCHINA Seru ame of Limited Liability	Company		
Dear Sir or Madam:					
The enclosed Statement of	of Correction and fee(s) ar	e submitted for filing.			
Please return all correspo	ondence concerning this m	atter to the following:			
Erica	Name of Person	U MMBR			,
Unity Trans	2002-ling Srvi	CE LLC			
268 Alexa	Mer Woods Address	DRIVE			
Plant City	FL 3350 ty/State and Zip Code	3		2015 SEP SECRETA	
E-mail address: (to	in 0925 @ gy be used for future annual i	report notification)		ARY OF S	
For further information e	oncerning this matter, plea	ase call:		IF I I I I I I I I I I I I I I I I I I	
Frich Grif	f Person	at (863)	757-5308 Daytime Telephone Number	· ·	
STREET/COURIER Al Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, Florida 3230	ircle	Reş Div P.C	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 lahassee, Florida 32314		
Enclosed is a check for	the following amount:				
\$25 Filing Fee	\$30 Filing Fee & Certificate of Status	\$55 Filing Fee & Certified Copy	\$60 Filing Fee. Certificate of Status & Certified Copy		

CR2E062 (9/15)

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

		9, F.S., this document is being submitted	-	m ServillE, LLC
SECOND:		a Document number of the Emited liabil		
THIRD:		to be corrected is: The Spellin	J	J
stat 	ntains an incorre	orrect Spelling of		nent is incorrect, and the corrected
	nauial be:	Transporting: U	nity Trans	porting Gervice, LLC rrect NAME of business
	s defectively sig follows:	ned. The manner in which the documen	nt was defectively s	igned and the appropriate correction are
				2015 SEP TALLAHA
OF The	_	smission of the record was defective.	mmBR	ARY OF STA
_	-	e of Authorized Representative agent, if applicable:(NOTE: if correcti	ing the registered ag	gent, the new registered agent must sign
I hereby according to the provisions of the obligations.	cept the appoints of all statutes rel of my position a ange in the regis	gnature, if changing Registered Agent: ment as registered agent and agree to a lative to the proper and complete perfor is registered agent as provided for in Ch etered office address, I hereby confirm to	mance of my duties, apter 605. F.S. Or.	and I am familiar with and accept the if this document is being filed to merely
	_	Registered Ager	nt's Signature	
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