

L16000085264

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

W16-42833

(Business Entity Name)

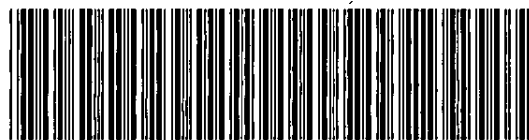
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L16-85264
Amend & NC

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DIVISION OF CORPORATIONS
2017 JUN 5 PM 9:38

N. CAUSSEAU

JUN - 6 2017

416-85264

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: General Connection Transaction 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:

Natalie Guzman

Name of Person

General Connection Transaction LLC

Firm/Company

3 S. John Young Parkway Suite 1

Address

Kissimmee FL 34741

City/State and Zip Code

transports@getaxllc.com

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

For further information concerning this matter, please call:

Natalie Guzman

917 514-9190

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 14, 2016

NATALIE GUZMAN
GENERAL CONNECTION TRANSACTION LLC
3 S. JOHN YOUNG PARKWAY, SUITE 1
KISSIMMEE, FL 34741

SUBJECT: GENERAL CONNECTION TRANSACTION LLC
Ref. Number: L16000085264

We have received your document for GENERAL CONNECTION TRANSACTION LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

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.

Nanette Causseaux
Regulatory Specialist II Supervisor

Letter Number: 216A00012391

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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>
AP	Hector Rosario	2323 Meadow Oak Cir Kissimmee	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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