## L1600010059S

(Re	equestor's Name)				
(Address)					
(Ac	ddress)				
(Ci	ty/State/Zip/Phon	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificate:	s of Status			
Special Instructions to Filing Officer.					

Office Use Only



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16 NOV -7 PH 3: 3: SECRETARY OF STATE SALI AHASSEE, FLORID

D. SCOTT.



## FLORIDA DEPARTMENT OF STATE Division of Corporations

October 18, 2016

LYNETTE WESTERLUND 2518 BURNSED BLVD., SUITE 422 THE VILLAGES, FL 32163

SUBJECT: L&G TRANSPORT SERVICES, LLC

Ref. Number: L16000100595

2016 NOV -7 PM 12: 51
SEGRETARY OF STATE
TALL AHASSEE, FLORID

We have received your document for L&G TRANSPORT SERVICES, 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):

YOU CAN ONLY LIST ONE REGISTERED AGENT.

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.

Dionne M Scott Regulatory Specialist II

Letter Number: 216A00022411

16 NOV -7 PH 3: 3:
SECRETARY OF STATE

## **COVER LETTER**

TO:	Registration Section Division of Corporations			
SUBJ				
	Na	me of Limited L	iability Company	
Dear S	Sir or Madam:			
The er	nclosed Registered Agent/Registered Of	fice Change and	fee(s) are submitted for filing.	
Please	return all correspondence concerning the	nis matter to the	following:	
Lyne	tte Westerlund			
	Name of Person		<u> </u>	
L&G	Transport Services, LLC			
	Firm/Company	<u> </u>	<del></del>	
2518	Burnsed Blvd., Suite 422			
	Address			
The '	Villages, FL 32163			٠
	City/State and Zip Code		<del></del>	ie Seot Seot
Trans	sportserviceslg@gmail.com			ARA PO
Ī	E-mail address: (to be used for future an	nual report notif	ication)	ASSEE, FU
For fu	rther information concerning this matter	, please call:		D PN 3:3: FSTATE FLORID
Lyne	tte Westerlund	203 at (	540-8581	÷ 37 NTE RIĐA
	Name of Person		Area Code & Daytime Teleph	one Number
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Re Di P.C	AILING ADDRESS: egistration Section vision of Corporations O. Box 6327 Ilahassee, Florida 32314	
	Enclosed is a check for the following	g amount:		
	<b>☑</b> \$25 Filing Fee	<b>□</b> \$:	55 Filing Fee & Certified Copy	

INHS18 (2/14)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. N	Tame of the limited liability company: L&G	Fransport Service	æs, LLC	
2. (a)				
()	Principal office address of limited liability con (Note: MUST BE STREET ADDRESS	npany:	Mailing address of (Note: MAY I	of limited liability company: BE POST OFFICE BOX)
	2518 Burnsed Blvd., Suite 422		2518 Burnsed Blvd.	., Suite 422
	The Villages, FL 32163	· · · · · · · · · · · · · · · · · · ·	The Villages, FL 32	163
	05/24/2016	ļ	L16000100595	
3.	Date of filing/registration in Florida	a 4.	Document no	umber
5. (a	1			
J. (a	Registered Agent and Registered Office shown on the	records of the Florida	Dept. of State:	
	Lynette Westerlund			
	Registered Office Address (MUST BE FLORIDA	STREET ADDRESS	<u> </u>	
	1613 Benitez St			
	Lady Lake	. FL 32159		<b>.</b>
		,	<del></del>	≥ SEC <b>56</b>
(b)	)			NOV F
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u>	Registered Office add	iress:	TILLI V -7 VASSE
	Lynette Westerlund			FILED  NOV -7 PN 3:37  CREIARY OF STATE LAHASSEE, FLORIDA
	NEW Registered Office Address:			STA 4
	2518 Burnsed Blvd., Suite 422			37 NDA
	The Villages	, <sub>FL</sub> 32163		
the chagent was/w the ar	limited liability company is not organized undrange or changes are made, the Florida street a will be identical. Or, in the case of a Floridal were authorized by an affirmative vote of the maticles of organization or the operating agreement of a member or authorized representative of a member of a member of authorized representative of a member of all statutes relative to the proper and	address of the regis limited liability con members of the limi ent of the limited li Lyne mber	tered office and the busi mpany, it is hereby conf ited liability company or iability company. ette Westerlund Printed or type	ness office of the registered irmed that the change(s) as otherwise provided in d name of signee
the ob to me notifi	eby accept the appointment as registered agentisions of all statutes relative to the proper and bligations of my position as registered agent a rely reflect a change in the registered office acted in writing of this change.	s provided for in C ddress, I hereby co	hapter 605, F.S. Or, if i infirm that the limited lid	this document is being filed ability company has been
Signat	(Mutto / 1) later und			