

**L16000160255**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

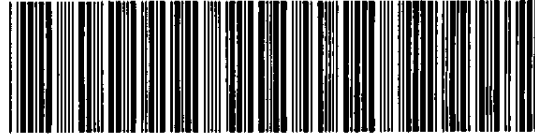
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



**300293763543**

01/13/17--01014--002 \*\*25.00

**D. BRUCE**

**JAN 13 2017**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 16, 2016

TERRENCE FRANCIS  
5197 CINDERLANE PKWY APT 515  
ORLANDO, FL 32808

SUBJECT: AFFILIATED CARRIERS LLC  
Ref. Number: L16000160255

RECEIVED  
2017 JAN 12 PM 3:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for AFFILIATED CARRIERS LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 616A00026795

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** AFFILIATED CARRIERS 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:

TERRENCE FRANCIS

\_\_\_\_\_  
Name of Person

AFFILIATED CARRIERS

\_\_\_\_\_  
Firm/Company

5197 CINDERLANE PARKWAY APT 515

\_\_\_\_\_  
Address

ORLANDO FL 32808

\_\_\_\_\_  
City/State and Zip Code

AFFILIATEDCARRIERSLLC@GMAIL.COM

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

For further information concerning this matter, please call:

TERRENCE FRANCIS

321 7329723  
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 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>
MGR	GLANVILLE LEVY	5197 CINDERLANE PARKWAY	<input checked="" type="checkbox"/> Add
		APT 515 ORLANDO FL 32808	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

(b) The 90th day after the record is filed.

\_\_\_\_\_  
Signature of a member or authorized representative of a member

Typed or printed name of signee