

L17000026015

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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17 MAY -- 6 PM '17
ALABAMA SECRET OF STATE
MONTGOMERY, ALABAMA

MAY 10 2017

WALKER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Moonlight Trucking llc.

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Indira Acosta

Name of Person

Moonlight Trucking llc.

Firm/Company

475 E 10 st

Address

Hialeah FL 33010

City/State and Zip Code

m.trucking@yahoo.com

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

For further information concerning this matter, please call:

Indira Acosta

at (210) 9010280

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**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. Name of the limited liability company: Moonlight Trucking llc

2. (a) 16303 CHELSEA PLACE (b) 16303 CHELSEA PLACE

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

SELMA TX 78154

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

SELMA TX 78154

02/01/2017

81-5195907

3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Indira Acosta

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

9900 NW 41 ST

DORAL, FL 33178

(b) INDIRA ACOSTA

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address:**

NEW Registered Office Address:

475 E 10 ST

HIALEAH, FL 33010

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

INDIRA ACOSTA

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00