

L170000061039

(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



000310877290

03/26/18--01012--027 **35.00

FILED
18 APR -9 AM 11:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

O SIMMONS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 26, 2018

MARY LA CHIUSA
CASHWELL ACCOUNTING INC
953 10TH STREET
CLERMONT, FL 34711

SUBJECT: US SWIFT TEAM LLC
Ref. Number: L17000061039

We have received your document for US SWIFT TEAM LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION - INC, but your entity is a LIMITED LIABILITY COMPANY - LLC. Please complete and return the enclosed blank form(s).

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.

Stacey M Warren
Regulatory Specialist II

Letter Number: 318A00006043

RECEIVED

2018 APR -9 AM 11:24

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: US SWIFT TEAM 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:

SASA MARVIN

Name of Person

US SWIFT TEAM LLC

Firm/Company

3501 EMERALD POINTE DRIVE

Address

AOT 206B

City/State and Zip Code

HOLLYWOOD, FL 33021

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

For further information concerning this matter, please call:

SASA MARVIN

Name of Person

352 242-1001
at ()

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

Page 1 of 3

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>
AMBR	LUCA BERTOSSIO	VIA VITTORIO VENETO 40	<input checked="" type="checkbox"/> Add
		TRICESIMO, UDINE 33019	<input type="checkbox"/> Remove
		ITALY	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

18
APR - 9
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
APR 11: 04
Add
Remove
Change


FILED
APR -9 AM 11:44
18
RECEIVED
STATE OF FLORIDA
TALLAHASSEE

FILED
APR -9 AM 11:44
U.S. DEPT. OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D.C. 20535
18

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

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

Dated APRIL 4TH, 2018


Signature of a member or authorized representative of a member

SASA MARVIN
Typed or printed name of signee