

L170002K6741

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

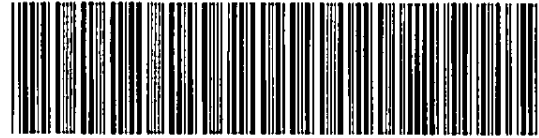
(Document Number)

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✓ SULKER

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: **FORMULA EXPRESS 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:

LEONID CHERNOY

Name of Person

ROADRUNNER LOGISTICS LLC

Firm/Company

PO BOX 245798

Address

BROOKLYN NY 11224

City/State and Zip Code

LCHERNOY@RRLONLINE.COM

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

For further information concerning this matter, please call:

LEONID CHERNOY

917 415-1122
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

FORMULA EXPRESS LLC

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	CHERNOY, LEONID	275 COLERIDGE STREET	<input type="checkbox"/> Add
		BROOKLYN, NY 11235	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	BEKER, LEON	3300 NE 191 ST	<input checked="" type="checkbox"/> Add
		APT 508	<input type="checkbox"/> Remove
		AVENTURA, FL 33180	<input type="checkbox"/> Change
MGR	CHERNOY, LEONID	PO BOX 245798	<input checked="" type="checkbox"/> Add
		BROOKLYN, NY 11235	<input type="checkbox"/> Remove
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(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)

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

2017



Signature of a member or authorized representative of a member

LEONID CHERNOY

Typed or printed name of signee