

L17000250304

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

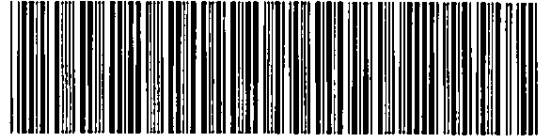
(Business Entity Name)

(Document Number)

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

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12/18/17--01016--025 \*\*25.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

17 DEC 29 AM 7:58

SECRET



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 19, 2017

CRISTIAN J REINOSO  
3411 16TH TER  
MIAMI, FL 33145

SUBJECT: ARG AUTO TRANSPORT, LLC  
Ref. Number: L17000250304

We have received your document for ARG AUTO TRANSPORT, 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):

We are enclosing the proper form(s) with instructions for your convenience.

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.

Jenna D Harris  
Regulatory Specialist II

Letter Number: 717A00025639

2017 DEC 29 AM 11:32

**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: ARG AUTO TRANSPORT, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CRISTIAN J. REINOSO  
Name of Person

ARG. AUTO TRANSPORT, LLC  
Firm/Company

3411 SW 16th Ter.  
Address

MIAMI FL. 33145  
City/State and Zip Code

ANA@BRICKELL-COURIER.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CRISTIAN REINOSO at 305, 350-3224  
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
- \$30 Filing Fee & Certificate of Status
- \$55 Filing Fee & Certified Copy
- \$60 Filing Fee, Certificate of Status & Certified Copy

**STATEMENT OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

**FIRST:** The name of the limited liability company is: ARG AUTO TRANSPORT, LLC

**SECOND:** The Florida Document number of the limited liability company is: L 17000 250 304

**THIRD:** Document to be corrected is: L 17000 250 304

**(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)**

Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

The FIRST APPLICATION HAD INCORRECT EFFECTIVE DATE  
The correct EFFECTIVE DATE IS 01/01/2018

**OR**

Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SECRETARY OF STATE  
ALL AMENDMENTS TO  
STATEMENTS OF  
CORRECTION  
17 DEC 29 AM 7:58  
FILED

**OR**

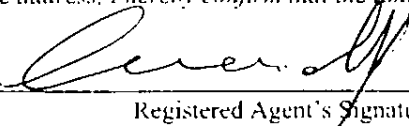
The electronic transmission of the record was defective.

\_\_\_\_\_  
Signature of Authorized Representative Date

Signature of new registered agent, if applicable: (NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

**New Registered Agent's Signature, if changing Registered Agent:**

*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.*

  
\_\_\_\_\_  
Registered Agent's Signature

**Filing Fee: \$25.00**  
**Certified Copy: \$30.00 (optional)**