

218000061763

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

○ SIMMONS

APR 04 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 21, 2018

MADI GODOY
16324 BONNEVILLE DR
TAMPA, FL 33624

SUBJECT: MADY TRUCKING LLC
Ref. Number: L18000061763

We have received your document for MADY TRUCKING 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):

The document must be signed by a member or an authorized representative of a member.

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: 318A00005690

RECEIVED
APR 02 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Mady 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:

MADI GODOY

Name of Person

MADY TRUCKING LLC

Firm/Company

16324 BONNEVILLE DR

Address

TAMPA FL 33624

City/State and Zip Code

MADYOTERO@YAHOO.COM

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

For further information concerning this matter, please call:

MADI GODOY

813

598-0408

at (_____) _____

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: Mady Trucking LLC

2. (a) 16324 BONNEVILLE DR, TAMPA FL 33624 (b) _____

Principal office address of limited liability company:

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

Mailing address of limited liability company:

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

03/08/2018

L18000061763

3. Date of filing/registration in Florida

4. Document number

5. (a) MADI GODOY

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

16324 BONNEVILLE DR, TAMPA FL 33624

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

_____, FL _____

(b)

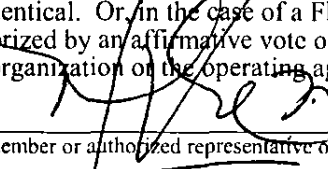
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

8224 Donalson dr, Tampa FL 33615

NEW Registered Office Address:

_____, FL _____

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

MADI GODOY

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA