

218000067374

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

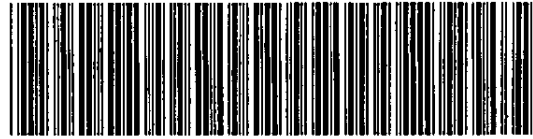
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18 MAR 26 PM 12:32
J. LEGGETT
MAR 27 2018

J. LEGGETT
MAR 27 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ASNAY EXPREE HAULERS, 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:

ASNAY ROQUE

Name of Person

ROQUE EXPRESS HAULERS, LLC.

Firm/Company

6910 NW 174 TRR APT G150

Address

HIALEAH, FL. 33015

City/State and Zip Code

ANTHONY.H.C@HAVENTRUCK.COM

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

For further information concerning this matter, please call:

ANTHONY HAVELKA-CHIBICI

715 254-1333
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

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>
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
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			☐ Add
			☐ Remove
			☐ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

ONLY THE NAME OF THE COMAPNY IS CHANGING. THANK YOU FOR YOUR TIME IN THIS
MATTER.

18 MAR 28 PM 12:33

E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 MARCH 22ND, 2018



Signature of a member or authorized representative of a member

ASNAY ROQUE

Typed or printed name of signee