

L18000080464

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

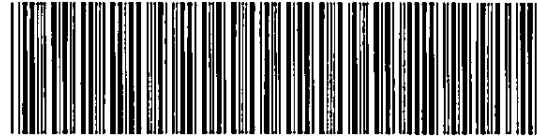
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400315594594

400315594594
07/16/18--01035--018 **25.00

FILED
18 JUL 16 PM 1:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0 SUMMONS
JUL 16 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HNL transport 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:

Luis E GUARRO PONCE

Name of Person

HNL TRANSPORT LLC

Firm/Company

2871 SW 34TH AVE.

Address

MIAMI FL 33133

City/State and Zip Code

legponce@live.com

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

For further information concerning this matter, please call:

Luis E. GUARRO PONCE

Name of Person

at (305) 726 3810

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

ANL transport LLC

The Articles of Organization for this Limited Liability Company were filed on 03/29/18 and assigned Florida document number L18000080464.

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>
MGR	Luis E GUARINO POWCE	2871 SW 34 TH AVE MIAMI FL 33133	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Lisett ABREGO	2871 SW 34 TH AVE MIAMI FL 33133	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" 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

FILED
JUL 16 PM 1:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

PLEASE TO INCLUDE MYSELF AS AUTHORIZED PERSON
OR MANAGER FOR THE COMPANY. AT THIS TIME
I AM AS REGISTERED PERSON BUT UNABLE TO
OPEN A BANK ACCOUNT OR REGISTER MY VEHICLES
OR GET INSURANCE

I NEED TO KEEP LISSET ABRIGO WITH AUTHORITY
OF DOING BUSSINESS ON BEHALF OF THE COMPANY
YOU CAN CALL ME AT 305 726 3810
IF YOU NEED MORE INFORMATION

THANK YOU IN ADVANCE
LUIS GUERRA PONCE

FILED
18 JUL 16 PM 1:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 _____



Signature of a member or authorized representative of a member

Luis E Guerra Ponce

Typed or printed name of signee