

LIB000102387

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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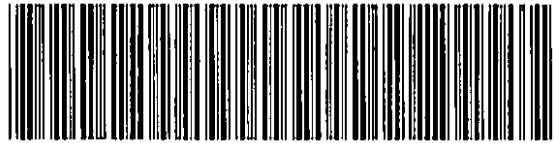
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: INDEPENDANCE TAXI 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:

BRESIL SABRUNA

Name of Person

INDEPENDANCE TAXI LLC

Firm/Company

4440 NW 61 STREET

Address

FORT LAUDERDALE, FL 33319

City/State and Zip Code

brunabresil@gmail.com

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

For further information concerning this matter, please call:

BRESIL SABRUNA

Name of Person

at (_____) _____

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

INDEPENDANCE TAXI LLC

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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>
PR	BRESIL SABRUNA	4440 NW 61 STREET	<input type="checkbox"/> Add
		FORT LAUDERDALE	<input type="checkbox"/> Remove
		FL 33319	<input type="checkbox"/> Change
MGR	WILSON J JEANLOUIS	4440 NW 61 STREET	<input checked="" type="checkbox"/> Add
		FORT LAUDERDALE	<input type="checkbox"/> Remove
		FL 33319	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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E. Effective date, if other than the date of filing: _____ (optional)

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.

Dated _____, _____.

Signature of a member or authorized representative of a member

Typed or printed name of signee