

**L18000227455**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

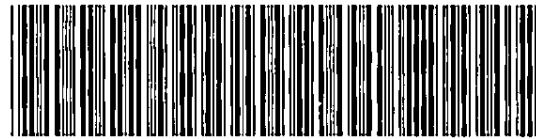
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2018 NOV 30 PM 4:03

STATE OF FLORIDA  
TALLAHASSEE, FL

DEC 5 11  
S. PRATHER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Sunrise 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:

Phillip L Amritt

\_\_\_\_\_  
Name of Person

Sunrise Trucking LLC

\_\_\_\_\_  
Firm/Company

4710 NW 11th Place

\_\_\_\_\_  
Address

Lauderhill, FL 33313

\_\_\_\_\_  
City/State and Zip Code

peggykleiner@gmail.com

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

For further information concerning this matter, please call:

Phillip L Amritt

754

779-6741

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 26, 2018

PHILLIP L. AMRITT  
SUNRISE TRUCKING LLC  
4710 NW 11TH PLACE  
LAUDERHILL, FL 33313

SUBJECT: SUNRISE TRUCKING LLC  
Ref. Number: L18000227455

We have received your document for SUNRISE 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):

You cannot use our address as Registered Agent. Please see the printout with the most current information on record.

If you have any questions concerning the filing of your document, please call (850) 245-6900.

Stacy Prather  
Regulatory Specialist III

Letter Number: 618A00022116

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**SUBJECT:** Sunrise Trucking LLC

Dear Sir or Madam:

Please return all correspondence concerning this matter to the following:

Name of Person

Firm/Company

Address

City/State and Zip Code

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

Phillip L Amritt

754 779-6741  
at ( )

Name of Person

Area Code &amp; Daytime Telephone Number

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

☐ \$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: Sunrise Trucking LLC
2. (a) 4710 NW 11th Place Lauderhill FL 33313 (b) 4710 NW 11th Place Lauderhill FL 33313  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

09/21/2018

L18000227455

3. Date of filing/registration in Florida 4. Document number

5. (a) Phillip L Amritt  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

4710 NW 11th Place

Lauderhill, FL 33313

- (b) Phillip L Amritt  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:

4710 NW 11th Place

Lauderhill, FL 33313

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2018 NOV 30 PM 4:03  
STATE DEPT OF STATE  
TALLAHASSEE, 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.

Phillip L. Amritt  
Signature of a member or authorized representative of a member

Phillip L Amritt  
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.

Phillip L. Amritt  
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314  
FILING FEE: \$25.00