

6/18/2019

Division of Corporations

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L1800267688
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (350)617-6383

FROM :

Account Name : LAXMY'S CARRIER SERVICES
Account Number: 170040000007
Phone : (305)640-0281
Fax Number : (305)640-0282

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Gail.laxmycorrie@gmail.com

2019 JUN 18 FRI 14:07

7-10-68

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
R & S TRUCK TRANSPORTATION LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

10-10-83-15

Electronic Filing Menu

Corporate Filing Menu

Help

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JUN 19 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: R & S TRUCK TRANSPORTATION 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:

ROXANA VERDECIA RAMOS

Name of Person

R & S TRUCK TRANSPORTATION LLC

Firm/Company

636 E 42ND ST

Address

HIALEAH

City/State and Zip Code

GAIL.LAXMYSCARRIER@GMAIL.COM

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

For further information concerning this matter, please call:

LAXMY CHACON

305

640-0281

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

APPROVED
AND
FILED

2019 JUN 18 PM 4:07

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	ROXANA VERDECIA RAMOS	636 E 42ND ST	<input type="checkbox"/> Add
		HIACLEAH FL 33013	<input checked="" 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
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

2019 JUN 18 PM 4:07

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06/18/2019

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 06/18/2019, _____, 2019

[Handwritten signature]

Signature of a member or authorized representative of a member

ROXANA VERDECIA RAMOS

Typed or printed name of signer