

L19000304543

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

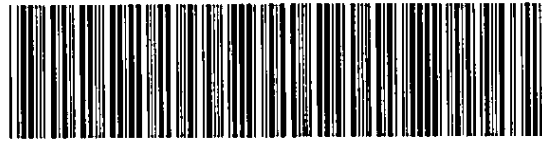
(Business Entity Name)

(Document Number)

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R. WHITE

FEB 24 2020

2020 FEB 21 14:10:27



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 11, 2020

JOHNATHAN JOSEPH  
4418 S LAKE ORLANDO PKWY  
ORLANDO, FL 32808

SUBJECT: EMPIRE TRANSPORTATION TRUCKING LLC  
Ref. Number: L19000304543

We have received your document for EMPIRE TRANSPORTATION TRUCKING LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Page 1(of 3) is missing. Please find enclosed and include the missing page.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White  
Regulatory Specialist II Supervisor

Letter Number: 020A00003117

2020 FEB 21 PM 1:29

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Empire Transportation Trucking  
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:

Johnathan Joseph  
Name of Person

Firm Company

4418 S Lake Orlando Plaza  
Address

Orlando Florida 32808  
City/State and Zip Code

Johnathanjp91@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Johnathan Joseph at ( 407 ) 816 0377  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |                                             |                                                                                   |                                                                                                  |                                                                                                                            |
|---------------------------------------------|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---------------------------------------------|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

[illegible]

[illegible]

(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)

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 January 12<sup>th</sup>, 2020

*Johnathan Joseph*  
Signature of a member or authorized agent

Signature of a member or authorized representative of a member

Johnathan Joseph

Typed or printed name of signee