

L200000 761105

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

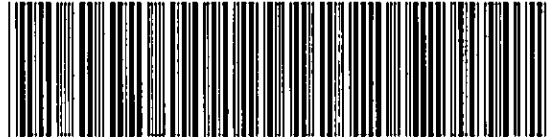
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300342287073

03/25/20--01004--013 \*\*25.00

2020 MAR 25 AM 11:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

APR 07 2020  
M. SOLOMON

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Bridge City Transportaion LLC

\_\_\_\_\_  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Melisa Torres

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

Bridge City Transportaion LLC

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

P.O. BOX 772229

\_\_\_\_\_  
Address

Orlando,FL 32877

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

bridgecitytransportation.com

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

For further information concerning this matter, please call:

Melisa Torres

407

414-5100

at ( \_\_\_\_\_ )

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

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

**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

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &  
Certificate of Status

☐ \$55 Filing Fee &  
Certified Copy

☐ \$60 Filing Fee,  
Certificate of Status &  
Certified Copy

**STATEMENT OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

**FIRST:** The name of the limited liability company is: BRIDGE CITY TRANSPORTATION LLC

**SECOND:** The Florida Document number of the limited liability company is: L20000076165

**THIRD:** Document to be corrected is: Name of MGR Melisa Torres

**(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)**

- ☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

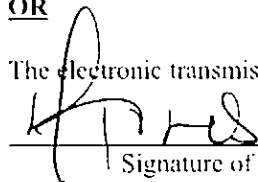
Under Authorize Person detail it states TORRES M. ELISA It should state TORRES, MELISA

**OR**

- ☒ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

**OR**

- ☒ The electronic transmission of the record was defective.



Signature of Authorized Representative

3/18/2020  
Date

Signature of new registered agent, if applicable : ( NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

**New Registered Agent's Signature, if changing Registered Agent:**

*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.*

\_\_\_\_\_  
Registered Agent's Signature

Filing Fee:                      \$25.00  
Certified Copy:                \$30.00 (optional)



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Detail By Document Number](#) /

## Detail by Entity Name

Florida Limited Liability Company  
BRIDGE CITY TRANSPORTATION LLC

### Filing Information

**Document Number** L20000076165  
**FEI/EIN Number** NONE  
**Date Filed** 03/09/2020  
**Effective Date** 03/08/2020  
**State** FL  
**Status** ACTIVE

### Principal Address

834 MENDOZA DRIVE  
KISSIMMEE, FL 34758

### Mailing Address

P.O. BOX 772229  
ORLANDO, FL 32877

### Registered Agent Name & Address

TORRES, MELISA  
834 MENDOZA DRIVE  
KISSIMMEE, FL 34758

### Authorized Person(s) Detail

#### **Name & Address**

Title MGR

TORRES M, ELISA  
834 MENDOZA DRIVE  
KISSIMMEE, FL 34758

— This is what needs to be corrected.

### Annual Reports

No Annual Reports Filed

### Document Images

03/09/2020 — Florida Limited Liability

[View image in PDF format](#)