

L20000238841

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

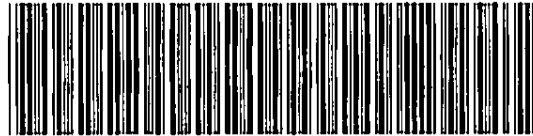
(Business Entity Name)

(Document Number)

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

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Office Use Only



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2021 JAN 19 PM 12:25  
SECRETARY OF STATE  
TAMPA, FL

FILED

O SIMMONS  
JAN 20 2021



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 9, 2020

DIONY MARCADIEU  
7653 DUNDAS DR  
ORLANDO, FL 32818

SUBJECT: DN POWER TRUCKING LLC  
Ref. Number: L20000238841

We have received your document for DN POWER 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):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Octavia L Simmons  
Regulatory Specialist II Supervisor

Letter Number: 020A00024633

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: DN Power TRUCKING, 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:

Diony Marcadieu  
Name of Person

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

7653 Dundas Dr  
Address

Orlando FL 32818  
City/State and Zip Code

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

For further information concerning this matter, please call:

Diony Marcadieu at 407 244-6226  
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: DN POWER TRUCKING, LLC  
2021 JAN 19 PM 12:25  
OFFICE OF THE STATE  
TREASURER, FL

**SECOND:** The Florida Document number of the limited liability company is: L 20000238841

**THIRD:** Document to be corrected is: Company Registration

**(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:

The reason the statement is incorrect is:  
In the authorized Person(s) detail the Title should be:  
1) Marcadieu Diony; AMBR 2) Chayre Nerline; MGR

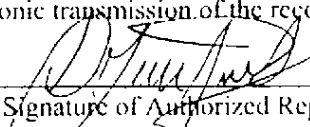
**OR**

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OR**

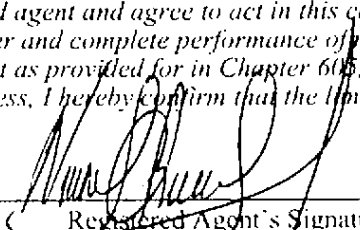
- ☐ The electronic transmission of the record was defective.

 12/18/2020  
Signature of Authorized Representative 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)