

L20000257647

(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:

Mbr sign

Office Use Only



300351875143

09/14/20--01008--016 **25.00

09/14/20 01:04:33

O SIMMONS

DEC 11 2020



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 22, 2020

LAQUAN BROWN
1900 DIVISION AVE
WEST PALM BCH, FL 33407

SUBJECT: BIG BROWN TRUCKING LLC
Ref. Number: L20000257647

We have received your document for BIG BROWN 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: 120A00021021

RECEIVED

OCT 29 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BIG BROWNTLE TRUCKING 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:

LAQUAN BROWN
Name of Person

BIG BROWN TRUCKING LLC
Firm/Company

1900 DIVISION AVE
Address

WEST PALM BEACH, FL. 33407
City/State and Zip Code

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

For further information concerning this matter, please call:

LAQUAN BROWN at (561) 541-7935
Name of Person 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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

1001 03 11 4:38

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	LaQuan Brown	1900 Division Ave	<input checked="" type="checkbox"/> Add
		West Palm Beach, Florida 33407	<input 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
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

