

L70 000306086

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

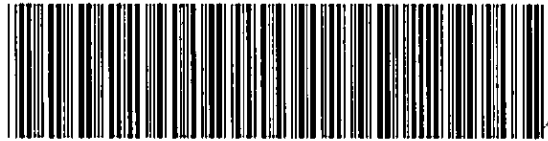
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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10/14/20--01041--008 **35.00

S TALLENT

DEC 11 2020

2020 DEC -7 PM 7:16

Handwritten signature



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 19, 2020

CARLOS A MARRERO VAZQUEZ
VETERAN AUTO TRANSPORTERS LLC
12823 GROVEVIEW WAY
SANFORD, FL 32773

SUBJECT: VETERAN AUTO TRANSPORTERS LLC
Ref. Number: L20000306086

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a FLORIDA CORPORATION, but your entity is a FLORIDA LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

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.

Susan Tallent
Regulatory Specialist II

Letter Number: 820A00023344

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Veteran Auto Transporters llc

Name of Limited Liability Company

2020 DEC -7 PM 12:22

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Carlos A Marrero Vazquez

Name of Person

Veteran Auto Transporters llc

Firm/Company

12823 Groveview Way

Address

Sanford fl 32773

City/State and Zip Code

VETERANAUTOTRANSPORTERS@GMAIL.COM

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

For further information concerning this matter, please call:

Carlos A Marrero Vazquez

787 3592484

at ()

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 Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

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

The name of the MGR or/ and register agent name was put by error in one of the letters.

the incorrect was: MARRENO VAZQUEZ CARLOS A.

the correct name is: MARRERO VAZQUEZ CARLOS A.

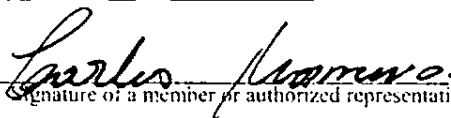
E. Effective date, if other than the date of filing: _____ (optional)

(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 12/03/2020



Signature of a member or authorized representative of a member

CARLOS A. MARRERO VAZQUEZ

Typed or printed name of signee