

h21000177776

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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Statement of  
Correction

06/11/21--01025--004 \*\*25.00

FILED  
2021 JUN 11 AM 9:20  
SECRETARY OF STATE  
CLERK OF SUPERIOR COURT

JUL 15 2021

A RAMSEY

1. 2. 3. 4.

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** IRON CROSS TRANSPORT 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:

CARL D LAMBERT

Name of Person

IRON CROSS TRANSPORT LLC

Firm/Company

18141 DILLON AVE

Address

PORT CHARLOTTE, FL 33954

City/State and Zip Code

douglamber1761@gmail.com

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

For further information concerning this matter, please call:

Carl D. Lambert

941

268-5575

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: IRON CROSS TRANSPORT LLC

**SECOND:** The Florida Document number of the limited liability company is: L21000177776

**THIRD:** Document to be corrected is: AUTOORIZED PERSONS DETAIL

**(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:

PLEASE CORRECT THE FOLLOWING: THE ORIGINAL FILING WAS DONE INCORRECTLY.

CARL D LAMBERT IS THE REGISTERED AGENT AND THE MANAGER.

ALSO ADD EIN NUMBER 86-3591042

**OR**

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

CARL D LAMBERT IS THE REGISTERED AGENT AND THE MANAGER. MONIQUE C NORRIS IS NOT

AN OWNER OR MANAGER TO THIS LIMITED LIABILITY COMPANY.

**OR**

- ☒ The electronic transmission of the record was defective.

\_\_\_\_\_  
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.*

Carl D Lambert 6/1/21  
Registered Agent's Signature

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

FILED  
2021 JUN 11 PM 9:20  
STATE OF FLORIDA  
CLERK OF THE CIRCUIT COURT  
IN AND FOR THE COUNTY OF  
DADE

Monique C. Norris  
382 Edgemere Terrace  
Port Charlotte, FL 33948

SUNBIZ Florida Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: L21000177776 Iron Cross Transport LLC.

June 1, 2021

To Whom It May Concern:


I do not have any interest in the above mentioned Limited Liability Company.

The original filing was done incorrectly.

I may be reached at 941-268-3148 if you have any questions.

Thank you.

Sincerely,

 6/1/21  
Monique C. Norris

State of Florida  
County of Charlotte





Kimberly Barnes  
State of Florida  
My Commission Expires 06/27/2023  
Commission No. GG 341692