

L21000 191917

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

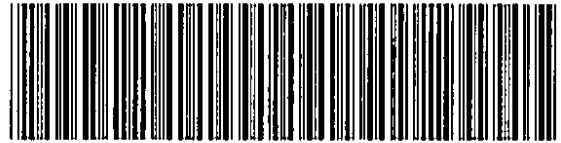
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/28/21--01011--021 **25.00

2021 MAY 28 PM 1:43
CLERK - REGISTRAR'S OFFICE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DELH TRANSPORT 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:

LIANET HERNANDEZ

Name of Person

DELH TRANSPORT LLC

Firm/Company

225 NW 72 AVE APT 20

Address

MIAMI,FL,33126

City/State and Zip Code

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

For further information concerning this matter, please call:

LIANET HERNANDEZ

Name of Person

at (_____) _____

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

DELHI TRANSPORT LLC

LHIDE TRANSPORT LLC

555 NW 152 ND ST

MIAMI,FL,33169

555 NW 152 ND ST

MIAMI,FL.33169

If Changing Registered Agent, Signature of New Registered Agent

2021 MAY 28 PM 1:43

2421 July 20 Ph. 1:43

(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)

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.

Dez
Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00