

121000253650

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

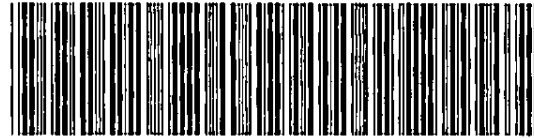
(Document Number)

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

Special Instructions to Filing Officer:

623

Office Use Only



700373648937

09/27/21--01027--017 \*\*25.00

FILED

2021 OCT 18 PM 4:46

SECRETARY OF STATE  
TALLAHASSEE, FL

D PRUCE  
OCT 19 2021



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 4, 2021

SAMUEL SHELHORSE  
2830 OKLAHOMA ST  
WEST PALM BEACH, FL 33406

SUBJECT: SILVER CRANE TRANSPORT LLC  
Ref. Number: L21000283650

We have received your document for SILVER CRANE TRANSPORT 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) 245-6842.

Deborah Bruce  
Corporate Records Supervisor II

Letter Number: 121A00023952

2021 OCT 18 PM 4:46  
FILED  
CORPORATE  
CLERK  
TALLAHASSEE, FL

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Silver Crane 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:

Samuel Shelhorse

\_\_\_\_\_  
Name of Person

Silver Crane Transport

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

2830 Oklahoma St

\_\_\_\_\_  
Address

West Palm Beach FL, 33406

\_\_\_\_\_  
City/State and Zip Code

silvercranetransport@gmail.com

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

For further information concerning this matter, please call:

Samuel Shelhorse

541 973-7911

\_\_\_\_\_  
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

SECRET  
TALLAHASSEE, FL

2021 OCT 18 PM 4:46

FILED

**If Changing Registered Agent, Signature of New Registered Agent**

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Samuel Shelhorse	100 Madrid Dr. Palm Springs FL, 33461	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Samuel Shelhorse	100 Madrid Dr. Palm Springs FL, 33461	<input checked="" 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2021 OCT 18 PM 4:46  
SECRET//NOFORN//NF  
TALLAHASSEE, FL

2021 OCT 18 PM 4:46  
SECRET//NOFORN//LATE  
TALLAHASSEE, FL

77

(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.

Dated September 24th 2021

2021

Signature of a member or authorized representative of a member

Samuel Shelhorse

Typed or printed name of signee