

L21000371995

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

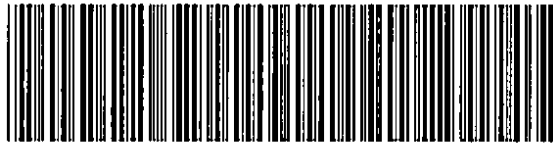
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CLARK COUNTY, INDIANA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MCGANN'S 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:

Kinisha West
Name of Person

Firm/Company

5200 Rising Comet Lane
Address

Greenwood FL 33463
City/State and Zip Code

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

For further information concerning this matter, please call:

Kinisha West at (347) 588 1603
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

TALLAHASSEE, FL 32303

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McGANNON TMS TRUCKING INC

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AUG 27 PM 2:50
REGISTERED AGENT
HARVEY
PROB.

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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
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ALLIANCE NATIONAL

2021 AUG 27 PM 2: 50
FALL AHASSEE FARM

2021 AUG 27 PM 2:50
FALL HASSEB, P. 1000000

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(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.

Dated AUGUST 27, 2021

Signature of a member or authorized representative of a member

KIWISHA WEST
Typed or printed name of signee

Filing Fee: \$25.00