

K21 0000371995

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

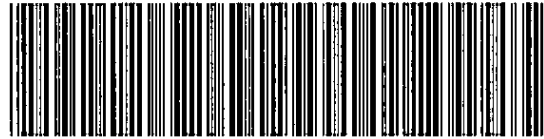
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 SEP 16 PM 1:17
SECRETARY OF STATE
TALLAHASSEE, FL 323

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MCGANNS 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

Greenacres Florida 33463

City/State and Zip Code

Kinishawest@yahoo.com

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

For further information concerning this matter, please call:

KINISHA WEST

Name of Person

at (347)

Area Code

589-1603

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

FILED

MCGANNS TRUCKING LLC

~~SECRETARY OF STATE~~
~~records.]~~
~~ALL-CLASSIFIED FILE~~

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>
<u>AMBR</u>	<u>DEAN ROBERT MORRIS</u>	<u>7976 AMETHYST DR, PENSACOLA</u>	<input checked="" type="checkbox"/> Add
		<u>FLORIDA 32506</u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u></u>	<u></u>	<u></u>	<input type="checkbox"/> Add
		<u></u>	<input type="checkbox"/> Remove
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[illegible]

(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 9th, 2021

KINISHA WEST

Typed or printed name of signee