

L22 000 492 612

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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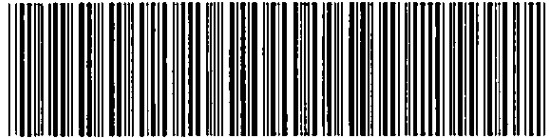
(Business Entity Name)

(Document Number)

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: TRINITY STRONG HAULING 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:

GIANCARLO TZQUIERDO  
Name of Person

TRINITY STRONG HAULING LLC  
Firm/Company

1651 SWAMP ROSE LN  
Address

TRINITY, FL 34655  
City/State and Zip Code

TRINITYSTRONGHAUL@PROTON.ME  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GIANCARLO TZQUIERDO at (727) 354-0679  
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

**MGR = Manager**  
**AMBR = Authorized Member**

N/A

[illegible]