

L23 000 008 917

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

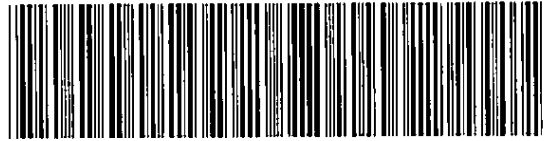
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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2023 JAN 26 PM 3:30

COVER LETTER

TO: Registration Section
Division of Corporations

K.F.L. Trucking LLC

SUBJECT: _____
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:

Kimberly LaRocca

Name of Person

K.F.L. Trucking LLC

Firm/Company

3017 Oakmont Dr

Address

Clearwater, Florida 33761

City/State and Zip Code

klarocca2002@yahoo.com

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

For further information concerning this matter, please call:

Kimberly LaRocca

727 637-9619

at (_____) _____

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

If Changing Registered Agent, Signature of New Registered Agent

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Kimberly Larocca	3017 Oakmont Dr Clearwater, Florida 33761	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
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2020年11月14日 星期日 10:30

(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)

Dated JANUARY 23, 2023

Kimberly LaRocca
Signature of a member or authorized representative of a member

Kimberly LaRocca
Typed or printed name of signee