

L25000317788

(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:

Office Use Only



900437478329

10/21/24--01010--011 **35.00

10/21/24 2:16:03

AB

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Fleetline Transport LLC.
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Eric Brent
Name of Person

Fleetline Transport, LLC.
Firm/Company

31549 Carroll St
Address

Sorrento FL 32776
City/State and Zip Code

EricBrentsr5@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Eric Brent at (352) 408-5854
Name of Person Area Code & Daytime Telephone Number

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

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR
LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: Fleetline Transport, LLC
2. (a) 31549 Carroll St, Sorrento FL 32776 (b) P.O. Box 896, Sorrento FL 32776
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

3. _____ Date of filing/registration in Florida 4. L23000317788 Document number

5. (a) Inc. Authority
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
1450 Vassar St. Reno, NY 89502
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

- (b) Shirley Brent
Enter name of NEW Registered Agent and/or NEW Registered Office address:
31549 Carroll St.
NEW Registered Office Address:
(P.O. Box 859)
Sorrento, FL 32776

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]
Signature of a member or authorized representative of a member

Eric Brent
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

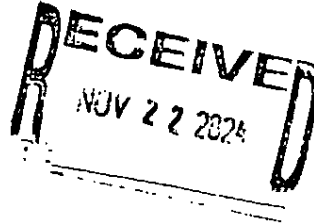
Shirley M. Brent
Signature of Registered Agent



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 12, 2024

ERIC BRENT
31549 CARROL ST
SORREBTI, FL 32776



SUBJECT: FLEETLINE TRANSPORT, LLC
Ref. Number: L23000317788

We have received your document for FLEETLINE TRANSPORT, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a FLORIDA LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6050.

Anissa Butler
Regulatory Specialist II

Letter Number: 424A00024701