

L24 000430353

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

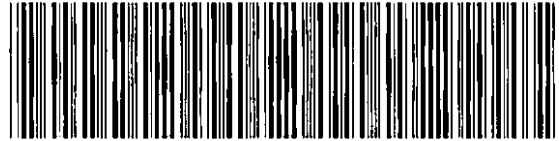
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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10/31/24--01015--016 ++30.00

24 OCT 31 2024  
10:30 AM  
FILING OFFICE

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: TUV TRANSPORT 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:

DEAN COOKE

\_\_\_\_\_  
Name of Person

TUV TRANSPORT LLC

\_\_\_\_\_  
Firm/Company

1920 S PALMETTO AVE #203

\_\_\_\_\_  
Address

S DAYTONA, FL. 32119

\_\_\_\_\_  
City/State and Zip Code

TUVTRANSPORTLLC@GMAIL.COM

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

For further information concerning this matter, please call:

REGINE HENRY

305

399-6825

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**

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>
MGRM	DEAN COOKE	1920 S PALMETTO AVE #203	<input checked="" type="checkbox"/> Add
		S DAYTONA FL 32119	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	DEAN COOKE	1920 S PALMETTO AVE #203	<input checked="" type="checkbox"/> Add
		S DAYTONA FL 32119	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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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.

Loon Cook

DEAN COOKE

**Filing Fee: \$25.00**