

M1500000335

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

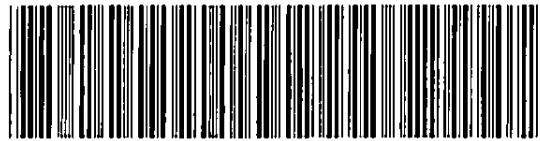
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/08/24--01013--008 **25.00

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2024 APR -5 AM 11:56

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 26, 2024

DAVE POITEVIEN
5631 HORSESHOE LOOP
APOPKA, FL 32712

SUBJECT: L5 PARCEL SERVICES LLC
Ref. Number: M15000000335

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We have received your document for L5 PARCEL SERVICES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA LLC, but your entity is a FOREIGN LLC. Please complete and return the enclosed blank form(s).

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.

Tammi Cline
Regulatory Specialist II Supervisor

Letter Number: 224A00006456

RECEIVED

APR 05 2024

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: L5 Parcel Service LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DAVE POITEVIE
Name of Person

L5 PARCEL SERVICE
Firm/Company

5631 HORSESHOE LOOP
Address

APOPKA FL 32712
City/State and Zip Code

DPOITEVIE13@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAVE POITEVIE at (321) 330-9326
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 ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

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**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: LS PARCEL SERVICE LLC

Enter new principal office address, if applicable: 5631 HORSESHOE LOOP

(Principal office address
MUST BE A STREET ADDRESS) APOPKA FL 32712

Enter new mailing address, if applicable:

(Mailing address
MAY BE A POST OFFICE BOX) P.O. BOX 145
PLYMOUTH FL 32768

2. The Florida document number of this limited liability company is: M15000000335

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 01/13/2015

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida Street Address

_____, Florida _____
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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.

If Changing Registered Agent, Signature of New Registered Agent

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7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>M</u>	<u>Dave Portevien</u>	<u>5631 HORSESHOE LOOP</u> <u>APOPKA FL 32712</u>	<input checked="" type="checkbox"/> Add
<u>MMB</u>	<u>Timothy DeDiego</u>	<u>204 37th N</u> <u>St Petersburg FL 33704</u>	<input checked="" type="checkbox"/> Remove <input checked="" type="checkbox"/> Add
<u>MGR</u>	<u>Chelton Rees</u>	<u>403 33rd Ave N</u> <u>St Petersburg FL 33704</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
	<u>Janice Null</u>	<u>2360 Corporate Circle</u> <u>Suite 400 Henderson NV 89074</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

[Signature]
Signature of the authorized representative

Dave Portevien
Typed or printed name of signee

Filing Fee: \$25.00