

118 00000 1056

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

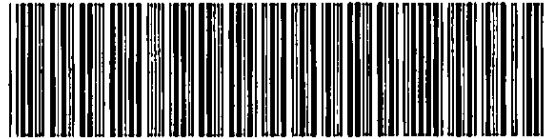
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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07/22/21--01018--001 **25.00

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2021 JUL 22 AM 8:29

SECRETARY OF STATE
TALLAHASSEE, FL

2021
JUL 22

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Tartan Oil 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:

Kevin Crawford

Name of Person

Pilot Travel Centers LLC

Firm/Company

Attn: Licensing PO Box 10146

Address

Knoxville, TN 37939

City/State and Zip Code

Kevin.crawford@pilottravelcenters.com

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

For further information concerning this matter, please call:

Kevin Crawford

at (865) 558-7488

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

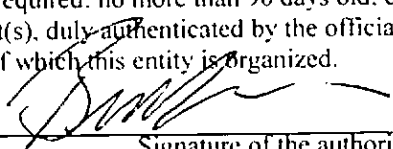
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

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

Remove Kristin Seabrook as an Officer of Tartan Oil

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Secretary	Kristin Seabrook	5508 Lonas Rd	<input type="checkbox"/> Add
		Knoxville, TN 37909	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input 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 of the authorized representative

Bradley Jenkins

Typed or printed name of signee

Filing Fee: \$25.00