Division of Corporations

Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081 : (307)200-2803 Fax Number : (813)436-5206

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

SASEmail	Address:		

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN T.I.G. TRUCKING INSURANCE LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

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Help

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 appear	s on the records of the Florida I	Department of	
State: T.I.G. TRUCKING INSURANCE LLC	_		
Enter new principal office address, if applicable:	1763 Coral Ridge Dr. APT 1763 Coral Springs, FL 33071		
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1763 Coral Ridge Dr. APT 1763 Coral Springs, FL 33071	25	
2. The Florida document number of this limited lia	thility company is: M230000127	732	
Jurisdiction of its organization: North Carolina	7 7		
4. Date authorized to do business in Florida: 10/03	7		
SECTION II (5-9 complete only the applicable			
5. New name of the limited liability company:(mus	for the purpose of transacting b	ousiness in Florida and attach a	
copy of the written consent of the managers or man must contain "Limited Liability Company," "L.L.C 6. If amending the registered agent and/or registered agent and/or the new registered office as	C." or "LLC.") ed officer address on our record		
Name of New Registered Agent:			
New Registered Office Address:		Secretary and the secretary an	
	Enter Florida Street Address		
	Ciţ	, Florida Zip Code	
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agenthe provisions of all statutes relative to the proper and accept the obligations of my position as regist document is being filed to merely reflect a change liability company has been notified in writing of the	nt and agree to act in this capac and complete performance of n ered agent as provided for in C in the registered office address.	y duties, and I am familiar with hapter 605, F.S. Or, if this	

If Changing Registered Agent, Signature of New Registered Agent

Title/ Capacity	Name	Address <u>T</u>	'spe of Action
ABR	MCDANIEL, ADAM	1763 Coral Ridge Dr. APT 1763	※Add (change
		Coral Springs, FL 33071	∐Remove
			□Add
			Remove
			□Add
			DRemove
			□Add
			□Remove
			∐Add
aforemention	inder the law of which this entity	cated by the official having custody of records in the	□Remove

Typed or printed name of signee

Filing Fee: \$25.00