

M12000002147

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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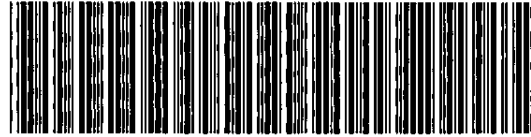
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
AUG 14 2012
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Tri State Pool Covers LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed Affidavit by Foreign Limited Liability Company to Change Manager(s) or Managing Member(s) and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Del M Suppo Sr.
Name of Person

Tri State Pool Covers LLC
Firm/Company

26 Mc Kean Ave
Address

Donora PA 15033
City/State and Zip Code

Judy Suppo @ verizon.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Judy Suppo at (724) 379 5066
Name of Person Area Code and Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS: ✓

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

FL. DEPT. OF STATE
Division of Corp.
CR2E123(8/07)

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**AFFIDAVIT BY FOREIGN LIMITED LIABILITY COMPANY
TO CHANGE MANAGER(S) OR MANAGING MEMBER(S)**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: TRI STATE POOL COVERS LLC
2. This entity was formed under the laws of: PA
3. This entity was authorized to transact business in Florida on Apr. 17, 2012 and its Florida document/registration number is M12000002147
4. The name and address of each manager or managing member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Del M. Suppo Jr

26 MCKEAN AVE

DONORA PA 15033

MGRM

Del M Suppo Sr.

26 MCKEAN AVE

DONORA PA 15033

MGRM

Judith A. Suppo

26 MCKEAN AVE

DONORA PA 15033

Required Signature: _____

Judith A. Suppo
Signature of Manager, Managing Member or Member

Filing Fee: \$25