

M12000002147

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐☐

MAIL

MAIL

(Business Entity Name)

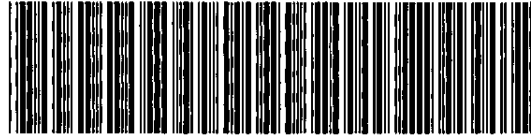
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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