

L05000105650

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

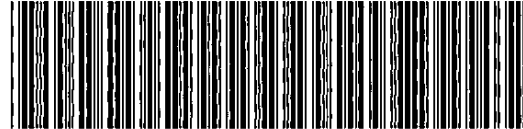
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900108811849

12/04/07--01013--011 **25.00

SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 DEC -3 AM 9:38

FF \$25

B. Tadlock DEC 05 2007

November 26, 2007

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

Re: Armstrong Quality Painting, LLC, Doc. # L05000105650

Dear Sir/Madam:

Recently, I became aware that the Registered Agent for my business had been changed without my knowledge to All Florida Firm Inc.; (Devin Newman, Asst. Sec. for All Florida Firm Inc.).

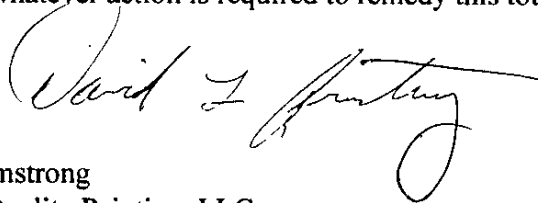
The Statement of Change Form for Registered Agent was completed on 7/23/07 indicating that I gave All Florida Firm, Inc. power of attorney that was completed on 7/19/07, and that I was notified in writing of this change. **I did not authorize "All Florida Firm, Inc." or give them power of attorney for my business corporate filings. Furthermore, I never received any notice from All Florida Firm, Inc. of this change.**

I spoke with Brenda Tadlock from your office today. Ms. Tadlock indicated that thousands of business' were being scammed by All Florida Firm, Inc. I find it appalling that anyone can submit changes for business corporate filings without a notarized signature, or any other form of authorization from the owner/owners of corporations. **Laws and corporate filing procedures must be changed to protect business owners** so that companies such as "All Florida Firm, Inc." can not proceed with fraudulent filing changes. In addition, the Division of Corporations must be precluded from accepting unauthorized changes.

I have attached a Change of Registered Agent form to remove "All Florida Firm, Inc." from my corporate filing documents. I am requesting that no one be permitted to file changes with the Division of Corporations for my business without my notarized signature. I have enclosed \$25.00 filing fee for this correction.

Please take whatever action is required to remedy this totally unacceptable situation.

Yours truly,



David L. Armstrong
Armstrong Quality Painting, LLC
19 Foxfords Chase
Ormond Beach, FL 32174

cc: Attorney General
State Senator and Representative

Attn: Disputes \$150.00

COPY

FAX: 800- _____

CC# Master Card: _____ 57

I am disputing the charges referenced above. I did not authorize "All Florida Firm, Inc"., to charge \$150.00 for "Notice of Election to be Exempt." I have been Workers Comp Exempt for the past two years.

I received a post card (attached) from "All Florida Firm" indicating that my Workers Compensation Exemption was about to expire. Never having renewed before, I presumed that this notice was appropriate for renewal protocol; \$50.00 which was the standard renewal charge.

Upon reviewing my Master Card statement, I noticed that \$150.00 was charged on 7/20/07, also a \$50.00 charge from ALL FLORIDA FIRM. on 7/17/07. I called 1-877-255-3521 to question the inappropriate charges and explained I have been Workers Comp Exempt, and that I did not need their services and that ALL FLORIDA FIRM had misrepresented themselves to business owners and to remove the charges that were not authorized. I was told that my conversation was being taped and the person I spoke to initially was not there, I was then abruptly disconnected.. I called again, and spoke to Jose' for a second time, he would not explain the unauthorized \$150.00 charge, he instructed me to call back again in an hour or so, to attempt to contact someone with information regarding this charge. The confirmation email that was sent to me was the identical form I completed on line with many spaces that were left blank and no breakdown of the charges. .

On July 23, 2007, I received a form from "All Florida Firm" instructing me to complete a "Notice of Election to Be Exempt" with instructions to sign and fax back to their agency for processing. I was suspicious and contacted the Dept. of Corporate Filings in Tallahassee Florida. I spoke with Floyd and was informed that there have been numerous complaints from business owners also being mislead by ALL FLORIDA FIRM for their corporate filings. He indicated that my renewal notice will be mailed in September since the expiration date is November, 2007.

I have contacted a reporter from the News Journal Newspaper in Daytona Beach, FL, as well as, the Atty General to report this company for misleading corporations for their corporate filings.

Based on the above information, please reverse \$150.00 for this unauthorized charge.

Sincerely,

David Armstrong
19 Foxfords Chase
Ormond Beach, FL 32174

COPY

November 27, 2007

All Florida Firm, Inc.
813 Deltona Blvd. Suite A
Deltona, FL 32725

Re: Armstrong Quality Painting, LLC

To Whom It May Concern:


Please remove my name and company name from your records. You were misleading regarding workers compensation exemption renewal procedures and I attempted to call your company several times to cancel any connection with All Florida Firm, Inc.; I was abruptly disconnected by your representatives.

You are not and never have been an authorized agent for my company.

Yours truly,


David L. Armstrong
Armstrong Quality Painting, LLC
19 Foxfords Chase
Ormond Beach, FL 32174

cc: Division of Corporations
Office of the Attorney General


THERESA ELMER
Notary Public - State of Florida
My Commission Expires Oct 30, 2011



EB 801820689 US


EXPRESS MAIL
UNITED STATES POSTAL SERVICE®
Customer Copy Label 11-B, March 2004
Post Office To Addressee

ORIGIN (POSTAL SERVICE USE ONLY)		
PO ZIP Code 32127	Day of Delivery <input checked="" type="checkbox"/> Next <input type="checkbox"/> 2nd <input type="checkbox"/> 2nd Del. Day	Postage \$ 16.25
Date Accepted	Scheduled Date of Delivery Month 11 Day 30	Return Receipt Fee \$ 2.15
Mo. 11 Day 29 Year 07	Scheduled Time of Delivery <input type="checkbox"/> Noon <input checked="" type="checkbox"/> 3 PM	COOD Fee \$ Insurance Fee \$
Time Accepted 10:28 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	Military <input type="checkbox"/>	Total Postage & Fees \$ 18.40
Flat Rate <input type="checkbox"/> or Weight - lbs. 2 ozs.	<input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	Acceptance Emp. Initials DS
	Int'l Alpha Country Code	

DELIVERY (POSTAL USE ONLY)		
Delivery Attempt	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day		
Delivery Attempt	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day		
Delivery Date	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day		
CUSTOMER USE ONLY		
PAYMENT BY ACCOUNT Express Mail Corporate Acct. No.		<input type="checkbox"/> WAIVER OF SIGNATURE (Domestic Mail Only) Additional merchandise insurance is void if customer requests waiver of signature.
Federal Agency Acct. No. or Postal Service Acct. No.		I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.
<input type="checkbox"/> NO DELIVERY <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday <input type="checkbox"/> Mailer Signature		

FROM: (PLEASE PRINT) PHONE ()
David L. Armstrong
19 Foxfords Chase
Ormond Beach, FL 32174

TO: (PLEASE PRINT) PHONE (386) 475-1126
All Florida Firm, Inc.
813 Deltona Blvd. Suite A
Deltona, FL 32725

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Armstrong Quality Painting, LLC
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

David L. Armstrong
(Name of Person)

Armstrong Quality Painting, LLC
(Firm/Company)

19 Foxfords Chase
(Address)

Ormond Beach, Florida 32174
(City/State and Zip Code)

For further information concerning this matter, please call:

David L. Armstrong at (386) 334-7161
(Name of Person) (Area Code & 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

\$55 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited liability company is: Armstrong Quality Painting, LLC

2. The mailing address of the limited liability company is : 19 Foxfords Chase

Ormond Beach, Florida 32174

10/28/05

L05000105650

3. Date of filing/registration in Florida

4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

All Florida Firm, Inc.

Name

813 Deltona Blvd. Suite A

Address

Deltona, FL 32725

City, State and Zip

6. The name and address of the new registered agent and/or office:

David L. Armstrong

Name

19 Foxfords Chase

Florida street address (P.O. Box NOT acceptable)

Ormond Beach FL 32174

City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]
(Signature of a member or authorized representative of a member)

David L. Armstrong
(Printed or typed name of signee)

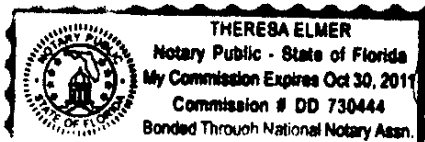
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, 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.

[Signature]
(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

INHS 18 (8/05)



[Signature]

07 DEC -3 AM 9:38
SECRETARY OF STATE
DIVISION OF CORPORATIONS