

L060000 57934

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 APR 23 AM 8:17

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ASSURED STORM PROTECTION LLC
Name of Limited Liability Company

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DIVISION OF CORPORATIONS
12 APR 23 AM 8:17

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

EDGARDO FOTI

Name of Person

ASSURED STORM PROTECTION

Firm/Company

3549 NW 10th Ave

Address

Oakland Park, FL 33309

City/State and Zip Code

SBOMSEK@AOL.COM

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

For further information concerning this matter, please call:

EDGARDO FOTI

Name of Person

at (954) 881 6054

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

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

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SECRETARY OF STATE
DIVISION OF COMBUSTION
12 APR 23 AM 8:17

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Florida document number ~~L-060000-77547~~

LO6000157934

Page 1 of 2

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

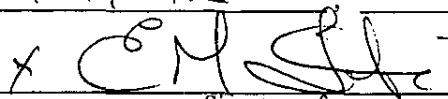
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	MOSS, KENNETH	9448 PALESTRO ST LAKE WORTH, FL 33467	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	GALASCIO, LUIGI	5900 SW 16 CT PLANTATION, FL 33317	<input checked="" 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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated

X 4-19-12

X 

Signature of a member or authorized representative of a member

Edgardo M. Foti

Typed or printed name of signee