

L08000025348

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

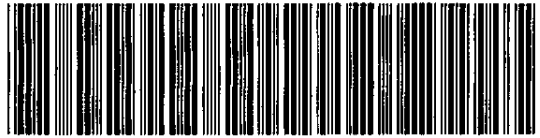
Special Instructions to Filing Officer:

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NOV 30 2009

EXAMINER



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11/25/09--01007--001. **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
09 NOV 25 AM 11:58

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: All Supply, LLC
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Sophie Laroche

Name of Person

Firm/Company

718 Gulf Blvd., #3

Address

Indian Rocks Beach, FL 33785

City/State and Zip Code

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

For further information concerning this matter, please call:

Sophie Laroche

Name of Person

at ()

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

All Supply, LLC

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:

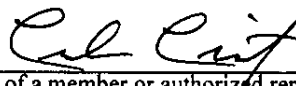
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Luke Lirot	2240 Belleair Road, Suite 190 Clearwater, FL 33764	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Sophie Laroche	718 Gulf Blvd., #3 Indian Rocks Beach, FL 33785	<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 November 20, 2009



Signature of a member or authorized representative of a member

Luke Lirot

Typed or printed name of signee

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Filing Fee: \$25.00