

L10000695175

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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2014 JAN 30 AM 11:11
FALL RIVER, MA
FALL RIVER, MA

B. BOSTICK

JAN 31 2014

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: A.L.S. ENTERPRISES, 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:

SALLY SIBLEY

Name of Person

A+ CONSULTING SERVICES LLC

Firm/Company

209 FARRINGTON LANE

Address

KISSIMMEE, FL 34744

City/State and Zip Code

SSIBLEY3@CFL.RR.COM

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

For further information concerning this matter, please call:

SALLY SIBLEY

Name of Person

at **407 963-5138**

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

2014 JAN 30 AM 11:11
TALLAHASSEE, FLORIDA

Page 1 of 3

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

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	☐ Add
		_____	☐ Remove

_____	_____	_____	☐ Add
		_____	☐ Remove

_____	_____	_____	☐ Add
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_____	_____	_____	☐ Add
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		_____	☐ Remove

_____	_____	_____	☐ Add
		_____	☐ Remove

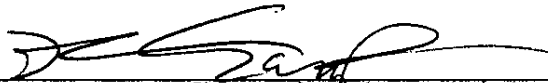
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TALLAHASSEE, FL 32301

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

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 01/21, 2014



Signature of a member or authorized representative of a member

TIMOTHY SAMPL

Typed or printed name of signee

2014 JAN 30 AM 11:11
FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 17, 2014

SALLY SIBLEY
A+ CONSULTING SERVICES, INC.
209 FARRINGTON LANE
KISSIMMEE, FL 34744

SUBJECT: A.L.S. ENTERPRISES, LLC
Ref. Number: L10000095175

2014 JAN 30 AM 11:11
TALLAHASSEE, FLORIDA

We have received your document for A.L.S. ENTERPRISES, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick
Regulatory Specialist II

Letter Number: 914A00001263