

#L10000098192

(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



900192261679

01/26/11--01026--007 **30.00

FILED

11 JAN 26 PM 4:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. B. BLY
EXAMINER

JAN 27 2011

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: AUTOMOTIVE PROTECTION GROUP 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:

DEBRA A SCHOENWETTER

Name of Person

AUTOMOTIVE PROTECTION GROUP LLC

Firm/Company

18495 SOUTH DIXIE HIGHWAY SUITE 275

Address

MIAMI FL 33157

City/State and Zip Code

info@autoprotectiongroup.com

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

For further information concerning this matter, please call:

DEBRA A SCHOENWETTER

Name of Person

at (786)

389-9671

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

11 JAN 26 PM 4:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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>
MGRM	HILDA HALL DENNIS	18495 S. DIXIE HWAY STE 275 MIAMI FL 33157	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	JEFFREY A SCHOENWET	18495 S. DIXIE HWAY STE 275 MIAMI FL 33157	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	JEFFREY A SCHOENWET	18495 S. DIXIE HWAY STE 275 MIAMI FL 33157	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	MARICEY SARAO	18495 S. DIXIE HWAY STE 275 MIAMI FL 33157	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	MARICEY SARAO	18495 S. DIXIE HWAY STE 275 MIAMI FL 33157	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated JANUARY 21, 2011.



Signature of a member or authorized representative of a member

DEBRA A SCHOENWETTER

Typed or printed name of signee