

LID000104942

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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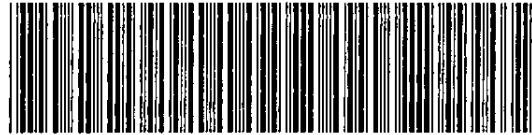
(Business Entity Name)

(Document Number)

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EXAMINER

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 MAR -9 AM 11:08

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ALPHA & OMEGA AUTO SERVICES 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:

CHARLES DELATORRE

Name of Person

ALPHA & OMEGA AUTO SERVICES LLC

Firm/Company

355 NORTH IVEY LANE SUITE 2

Address

ORLANDO, FL 32811

City/State and Zip Code

charles@alphaomegacarservice.com

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

CHARLES DELATORRE

Name of Person

at (**407**)

557-2008

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

ALPHA & OMEGA AUTO SERVICES LLC

Page 1 of 2

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