

L100000119442

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

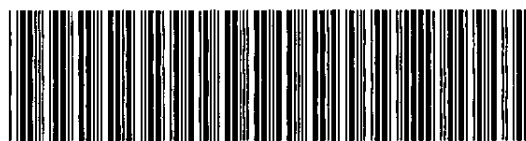
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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11 JAN 25 AM 4:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NO \$

D. BRUCE

JAN 26 2011

EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 19, 2011

RONALD HENDERSON  
1049 ENDEAVOR CT  
NOKOMIS, FL 34275

SUBJECT: ALL PRO ASSET RECOVERY LLC  
Ref. Number: L10000119442

We have received your document for ALL PRO ASSET RECOVERY LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

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) 245-6984.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 811A00001525

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11 JAN 25 AM 10:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: All Pro Asset Recovery**  
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:

**Ronald Henderson**

Name of Person

**All Pro Asset Recovery**

Firm/Company

**1049 Endeavor Ct.**

Address

**Nokomis, FL 34275**

City/State and Zip Code

**allproassetrecovery@yahoo.com**

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

For further information concerning this matter, please call:

**Ronald Henderson**

Name of Person

at ( 941 )

**451-8064**

Area Code & Daytime Telephone Number

**FILED**  
11 JAN 25 AM 11:46  
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TALLAHASSEE, FLORIDA

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

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

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	Michael Nelson	1049 Endeavor Ct. Nokomis, FL 34275	<input type="checkbox"/> Add <input checked="" 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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated January 13, 2011



Signature of a member or authorized representative of a member

Ronald Henderson

Typed or printed name of signee

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