

# L11000010023

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

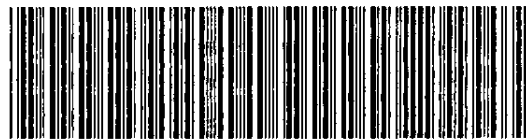
(Business Entity Name)

(Document Number)

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

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02/23/11--01026--002 \*\*25.00

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11 FEB 23 PM 1:41  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

K. SALLY  
EXAMINER  
FEB 24 2011

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: ALL HEATING AND COOLING 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:

THOMAS V. SIMMONS JR.

Name of Person

ALL HEATING AND COOLING LLC

Firm/Company

1283 MADELENA AVE

Address

WINTER SPRINGS, FL. 32708

City/State and Zip Code

ALLHEATANDCOOL@GMAIL.COM

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

For further information concerning this matter, please call:

THOMAS V. SIMMONS JR

Name of Person

at ( 407 )

4040537

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**(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:

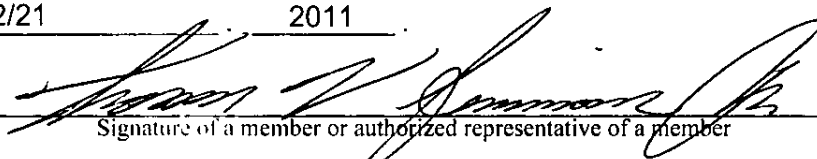
MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Add
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		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	

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

EMPLOYER IDENTIFICATION NUMBER (EIN) 61-1639024

Dated 02/21 2011



Signature of a member or authorized representative of a member

THOMAS V. SIMMONS JR

Typed or printed name of signee