

L110000278 /

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

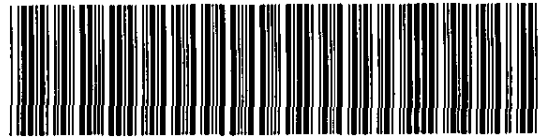
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100199664891

FEI #
Asa

87

4411

Rivera, M. Ribel

From: Jennifer Battista [jenniferbattista00@yahoo.com]
Sent: Monday, April 04, 2011 9:58 AM
To: CorpAddressChange
Subject: All Types of Insurance LLC - update Tax Id number
Attachments: Employer Identificatin Number.pdf

Document Number L11000027812
ALL TYPES OF INSURANCE, LLC
2001 Nw 21st Terr Boynton Beach, FL 33436

Please add my tax Id number on the Florida Department of State DIVISION OF CORPORATIONS.

Employer Identification Number: 27-5205430