

L11000143861

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

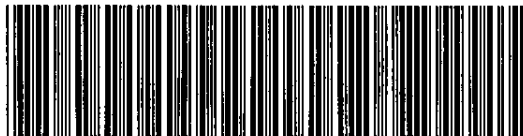
(Business Entity Name)

(Document Number)

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

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Office Use Only



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FEB 18 2015  
FEB 18 2015

FEB 24 2015

J. BRUCE

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: Asian Specialty Products 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:

Stanley LaFary

Name of Person

Asian Specialty Products LLC

Firm/Company

3267 SE Federal Hwy.

Address

Stuart, FL 34997

City/State and Zip Code

stan@asianspecialtyproducts.com

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

For further information concerning this matter, please call:

Stanley LaFary

Name of Person

772 463-7545

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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TALLAHASSEE, FL  
CLERK OF CIRCUIT COURT

## Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Stanley LaFary	3267 SE Federal Hwy. Stuart, FL 34997	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
AMBR	LiPing Fang	3267 SE Federal Hwy. Stuart, FL 34997	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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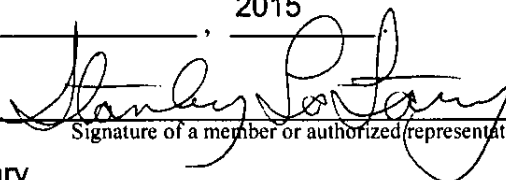
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 02/01/15, 2015



Signature of a member or authorized representative of a member

Stanley LaFary

Typed or printed name of signee

Page 3 of 3  
Filing Fee: \$25.00

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CLERK OF COURT  
JANICE STEPHENSON