

L13000070608

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

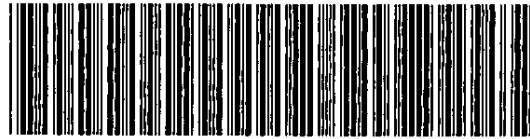
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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13 MAY 28 PM 3:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
MAY 29 2013
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **All Property Solutions, 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:

Mark Wilson

Name of Person

Firm/Company

PO Box 1009

Address

West Palm Beach, FL 33402

City/State and Zip Code

mwilson@allpropsolutions.com

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

For further information concerning this matter, please call:

Mark Wilson

Name of Person

at (201) 693-5719

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

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

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SECRETARY OF STATE
PALM BEACH, FLORIDA

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
	Susan C Wilson	PO Box 1009	<input checked="" type="checkbox"/> Add
		West Palm Beach, FL 33402	<input type="checkbox"/> Remove
	Mark Wilson	PO Box 1009	<input type="checkbox"/> Add
		West Palm Beach, FL 33402	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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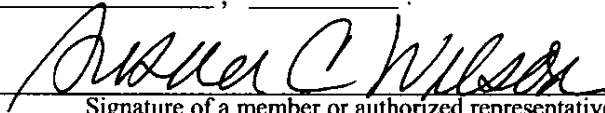
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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DEPT. OF STATE
TALLAHASSEE, FLORIDA

Dated May 24, 2013



Signature of a member or authorized representative of a member

Susan C Wilson

Typed or printed name of signee

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Filing Fee: \$25.00