

L13000100641

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

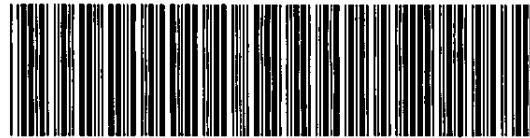
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/21/14--01013--016 **25.00

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14 AUG 21 AM 4:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 22 2014

S. YOUNG

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: All American Tile Service, 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:

Jenny L. Reed
Name of Person

All American Tile Service, LLC
Firm/Company

5690 MEADOW CLEN RD.
Address

LAKE LAND, FLORIDA 33810
City/State and Zip Code

a.baby63@icloud.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jenny L. Reed at 813 812-5191
Name of Person 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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14 AUG 21 AM 4:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Title	Name	Address	Type of Action
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number	Taylor A. EVALIS	5190 MEADOW CLEW Rd Lakeland, FL 33810	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
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