

214 0000 22795

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

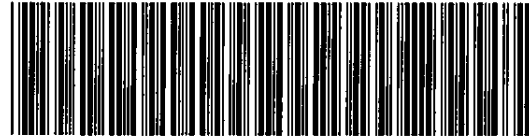
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

J. Shivers NOV 25 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALL ASPECTS PAINTING 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:

Richard Sullivan
Name of Person

ALL ASPECTS PAINTING
Firm/Company

1131 Elizabeth Dr.
Address

St. Augustine FL 32086
City/State and Zip Code

ALLASPECTSPAINTING@AOL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Richard Sullivan at (386) 283 6585
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

ALL ASPECTS PAINTING LLC

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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
MGR	Arthur Lane	320 Summer Breeze Way ^{ART 102} ST Augustine FL. 32086	☒ Add
		1121 Elizabeth Dr.	☐ Remove
MGR	Gary Sullivan	ST Augustine FL 32086	☒ Add
			☐ Remove
MGR	Arthur Sullivan	1658 Natalie Rd. ST Augustine 32084	☒ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

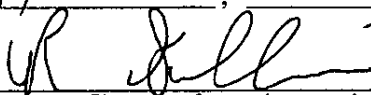
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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 11-13-14,



Signature of a member or authorized representative of a member

Richard Sullivan

Typed or printed name of signee

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Filing Fee: \$25.00

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