

L140000 75171

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

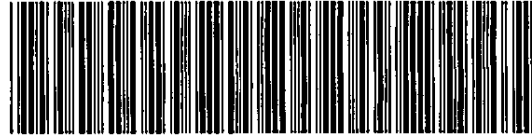
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER

JUL -6

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A-1 SALES, 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:

WILLS, PAUL E
Name of Person

A-1 SALES
Firm/Company

585 S. SUNCOAST BLVD.
Address

HOMOSASSA, FL 34448
City/State and Zip Code

alsalesllc@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PAUL WILLS at (352) 564-7200
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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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(Name of the Limited Liability Company as it now appears on our records.
(A Florida Limited Liability Company))

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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>
MGR	ESPAILLAT, DANILO R	3367 S. APOPKA AVE	<input type="checkbox"/> Add
		INVERNESS FL 34452	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	WILLS, MARSHA A	4479 S. CAPECOVE LOOP	<input checked="" type="checkbox"/> Add
		HOMOSASSA FL 34448	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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

ESPAILLAT, DANILO R is no longer a partner in A-1 Sales LLC.

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E. Effective date, if other than the date of filing: July 1, 2016 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated June 29, 2016

Paul E. Wills

Signature of a member or authorized representative of a member

PAUL E. WILLS

Typed or printed name of signee