

L140000108012

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

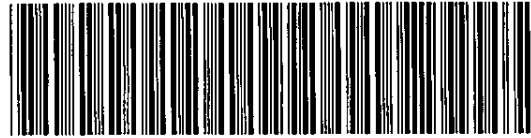
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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TALLAHASSEE, FLORIDA

NOV 19 2014

T. HAMPTON

2/10/14

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: All State Striping & Maintenance Services, 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:

**Geonel Pozo**

Name of Person

**All State Striping & Maintenance Services, LLC**

Firm/Company

**8000 NW 170th Ter**

Address

**Hialeah, Florida 33015**

City/State and Zip Code

**allstatestriping@gmail.com**

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

For further information concerning this matter, please call:

**Jenny Zamora**

Name of Person

at **(305) 206-6119**

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 &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 23, 2014

GEONEL POZO  
8000 NW 170TH TER  
HIALEAH, FL 33015

SUBJECT: ALL STATE STRIPING & MAINTENANCE SERVICES, LLC.  
Ref. Number: L14000108012

We have received your document for ALL STATE STRIPING & MAINTENANCE SERVICES, LLC.. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton  
Regulatory Specialist III

Letter Number: 714A00022730

## 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>
MGR	Barbarito Castillo Rodriguez	240 SW 129 Ave	<input type="checkbox"/> Add
		Miami, FL. 33175	<input checked="" type="checkbox"/> Remove
AMBR	Roberto Pozo	8000 NW 170th Ter	<input checked="" type="checkbox"/> Add
		Hialeah, FL. 33015	<input type="checkbox"/> Remove
MGR	Roberto Pozo	8000 NW 170th Ter	<input type="checkbox"/> Add
		Hialeah, FL. 33015	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

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TALLAHASSEE, FLORIDA

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

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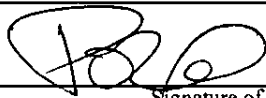
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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 09/29/2014 , 06:00PM



\_\_\_\_\_  
Signature of a member or authorized representative of a member

Geonel Pozo

\_\_\_\_\_  
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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