

L17 000 167639

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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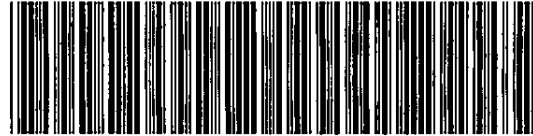
(Business Entity Name)

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N. CAUSSEAU

MAR 20 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALL NATIONS INSURANCE 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:

LAURA SOFIA STOREY

Name of Person

ALL NATIONS INSURANCE LLC

Firm/Company

933 E BRANDON BLVD

Address

BRANDON, FL 33511

City/State and Zip Code

laura@anationsinsurance.com

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

For further information concerning this matter, please call:

Laura Sofia Storey

813

506-7621

at (_____) _____

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

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>
AMBR	Laura S Storey	4306 Saffold Rd	☐ Add
		Wimauma, FL 33598	☐ Remove
			☒ Change
AMBR	Nathaniel A Storey	4306 Saffold Rd	☐ Add
		Wimauma, FL 33598	☐ Remove
			☒ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
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			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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(b) The 90th day after the record is filed.

2018

Signature of a member or authorized representative of a member

Typed or printed name of signee