

L19000 201 165

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

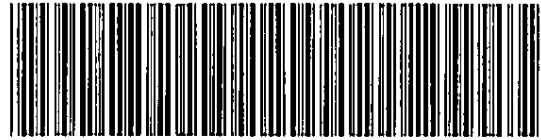
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2019 NOV 27 AM 8:37

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DEC -2 2019
C. KIRBY



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 29, 2019

ERIC RODRIGUEZ
125 S STATE RD 7 STE 104-350
WELLINGTON, FL 33414

SUBJECT: ALLIED PET SUPPLY LLC
Ref. Number: L19000201165

We have received your document for ALLIED PET SUPPLY LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please add the address for Eric Rodriguez on page 2.

Please return your document, along with 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) 245-6050.

Catherine M Wood
Regulatory Specialist II

Letter Number: 919A00022294

2019 NOV 27 PM 12:49

RECEIVED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Allied Pet Supply 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:

Eric Rodriguez

Name of Person

Allied Pet Supply LLC

Firm/Company

125 S. STATE ROAD 7 Suite 104-350

Address

Wellington, FL 33414

City/State and Zip Code

help@alliedpetsupply.com

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

For further information concerning this matter, please call:

Eric Rodriguez

561

460-4060

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>
MGR	Eric Rodriguez	Eric Rodriguez 12041 Cypress Key Way Royal Palm Beach FL 33411	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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

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.

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

September 25, 2019



Signature of a member or authorized representative of a member

Eric Rodriguez
Typed or printed name of signee