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## COVER LETTER

	ristration Section rision of Corporations						
SUBJECT:	ALLYNDEB TILE CFL,LLC						
(Name of Limited Liability Company)							
The enclosed	d Articles of Amendment and fee(s) are submitted for filing.						
Please return	all correspondence concerning this matter to the following:						
	Edward Arnold						
	(Name of Person)						
	ALLYNDEB TILE CFL,LLC	1					
	ALLYNDEB TILE CFL,LLC  (Firm/Company)  (Firm/Company)						
	ALLYNDEB TILE CFL,LLC  (Firm/Company)  3537 AMETHYST COURT	ገ ግ					
	(Address)						
	DELAND FL. 32724						
(City/State and Zip Code)							
For further in	nformation concerning this matter, please call:						
E	DWARD ARNOLD at ( 386 ) 626-3597						
<del></del>	(Name of Person) (Area Code & Daytime Telephone Number)						
Enclosed is a	check for the following amount:						
\$25.00 Fili	Ing Fee \$\sum \sum \sum \sum \sum \sum \sum \sum	ď)					

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



July 2, 2007

EDWARD ARNOLD 3537 AMETHYST COURT DELAND, FL 32724

SUBJECT: ALLYNDEB TILE CFL, LLC

Ref. Number: M06000001367

We have received your document for ALLYNDEB TILE CFL, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience:

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) 245-6094.

Letter Number: 907A00042638

Agnes Lunt Document Specialist

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

## **COVER LETTER**

TO: Registration Division of	Section Corporations				
SUBJECT: AC	LYNDEB TILE (Name of Foreign I	CFL, LCC Limited Liability Compar	ny)		
Dear Sir or Madam	:				
The enclosed applie	cation, certificate and fee(s)	are submitted for filing.			
Please return all con	respondence concerning this	s matter to the following	;		
Edward	Arno(D (Name of Person)				
ALLYNDEI	3 Tile (Firm/Company)		2001 A SECK! TALLA		
3537 Am	(Address)	<del></del>	2007 AUG 13 PO SECRETY, RY OF S ALLAHASSEE, FL		
Deland	FL 32724 (City/State and Zip Code)	)	P 2: 08		
For further information	tion concerning this matter,	please call:			
Edward (Nan	Ainolo at ne of Person) (	( <u>386</u> ) <u>626</u> Area Code & Daytime T	- 3597 elephone Number)		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed is a check	for the following amount:	:			
\$25 Filing Fee	\$30 Filing Fee & Certificate of Status	\$55 Filing Fee & Certified Copy	\$60 Filing Fee, Certificate of Status & Certified Copy	È	

## AFFIDAVIT BY FOREIGN LIMITED LIABILITY COMPANY TO CHANGE MANAGER(S) OR MANAGING MEMBER(S)

Filing Fee: \$25

	ny as it appears on the records of the Florida  Tile CFL, LIC		
2. This entity was formed under the laws o	E Indiana		
3. This entity was authorized to transact bu and its Florida document/registration numb			
4. The name and address of each manager	or managing member is as follows:		
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:		
MGR	Edward A. Arnold 3537 Amethyst court Decand Fly 32124	_ _ _	
mbr =	Daphne L ArnolD 3537 Amethyst count Octand FG 31714	TATTANE I	T
MGR.	Jody 6 Arnold 8433 Drunkands Rike Gosport W 47433	ARY OF STASSEE, FLO	LED
MGR	Debra K ACAOLO 8433 Drunkards Pike Gosport IN 42433	OB ATE ATE ATE	
		<u>-</u>	<u></u>
		) 	
Required Signature: (Signature	of Marager, Managing Member or Member)	<u> </u>	