

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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#### COVER LETTER

Registration Section

TO:

BJECT:	Name	of Limited Liability Company	-	
		Company for Authorization to Transact Business in Florida, referenced foreign limited liability company to transact business.		
se return	all correspondence concerning this matter to	o the following:		
	Robert Moore, Sr			
	Name of Person			
All Systems Roofing LLC				
	Firm/Company		-	
3807 Olcander Ave			2024	
	Address		-	2024 APR
	Fort Pierce, Florida 34982			+
	City/State and Zip Code		-	<u>~</u>
Hmoore.allsystemsroofing@gmail.com				AM 9: 14
	E-mail address: (to be	used for future annual report notification)	_ 1/	τ_
further in	formation concerning this matter, please cal	l:		
Shannon Murray		772 4941004		
	Name of Contact Person	at () Area Code Daytime Telephone Number	-	
Mailing Address:		Street Address:		
Registration Section Division of Corporations		Registration Section Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee		
	lahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
<b>.</b>	losed is a check for the following amount:			

### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN -LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: All Systems Roofing LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC," or South Carolina 87-1345447 (Jurisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration.)
(See sections 605,0904 & 605,0905, F.S. to determine penalty liability) 3807 Oleander Ave, Fort Pierce, Florida 34928 3807 Oleander Ave, Fort Pierce, Florida 34982 (Mailing Address) (Street Address of Principal Office) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Shannon Murray Name: 622 SW Bradshaw Cir. Office Address: Port St. Lucie Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. Shannon Murray
(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
■Manager	Name: Robert W. Moore, Sr	■Manager	Robert W. Moore, Jr
□Member	Address: 210 Douglas Dr	□Member	Address: 210 Douglas Dr
□Authorized	Simpsonville, South Carolina 29681	□Authorized	Simpsonville, South Carolina 29681
Person		Person	
Other	Other	□Other	Other
<b>≣</b> Manager	Hunter T. Moore	□Manager	Name:
□Member	Address: 458 S Naranja Ave	□Member	Address:
□Authorized	Port St. Lucie, Florida 34983	□Authorized	
Person		Person	
□Other	Other	□Other	
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
Other	Other	Other	Other

<u>Important Notice</u>: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

- 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)
- 10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

	Robert Moore	
	Signature of an authorized person	
Robert W. Moore		
	Typed or printed name of signee	

# The State of South Carolina



## Office of Secretary of State Mark Hammond

### **Certificate of Existence**

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

All Systems Roofing LLC, a limited liability company duly organized under the laws of the State of South Carolina on June 20th, 2021, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 7th day of February, 2024.

Mark Hammond, Secretary of State

I, Robert Moore, Sr am the owner of All Systems Roofing LLC and I want to release the name back to public use and I have no intentions of reinstating. **Document# L23000466400** 

RM002e 4/1/24

State of Florida County of St Lucie

The foregoing instrument was acknowledged before me by means of physical presence this 1 day of April, 2024, by Robert Moore Sr. as officer for All Systems Roofing, LLC.

	Notary Public State of Florida
<b>A</b>	Changes Murray
	My Commission HH 448929
Time in the same i	Expires 9/28/2027
1	

Signature Shannon Murray

Personally Known OR

[] Produced Identification

Type of Identification



March 27, 2024

ROBERT MOORE, SR 3807 OLEANDER AVE FORT PIERCE, FL 34982 US

SUBJECT: ALL SYSTEMS ROOFING LLC

Ref. Number: W24000049341

We have received your document for ALL SYSTEMS ROOFING LLC and check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

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

Ariel Jones Regulatory Specialist II

Letter Number: 124A00006619