

PO6000096736

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

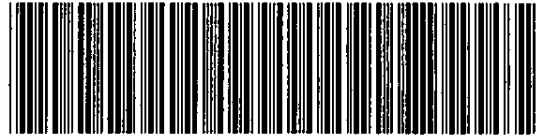
(Business Entity Name)

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[Signature]

Malave, Erin M.

From: corphelp
Sent: Tuesday, January 05, 2010 3:00 PM
To: 'ALLFLORIDAAUTO'
Subject: RE: ADDRESS CHANGE

Your request is being forwarded to the appropriate section for processing.

P06000096736

Thanks,

Lee Yarbrough
Internet Access Section
Florida Department of State
Division of Corporations

From: ALLFLORIDAAUTO [mailto:ALLFLORIDAAUTO@CFL.RR.COM]
Sent: Tuesday, January 05, 2010 12:01 PM
To: corphelp
Subject: ADDRESS CHANGE

I would like to change my address to 502 N Spring Garden Ave Ste 4 Deland FL 32720
my id is 1253214. Thank You

Juana Martinez
All Florida Insurance & Financial Services, Inc.
502 N Spring Garden Ave Ste 4
Deland FL 32720
Tel 386-734-4400
Fax 386-734-4510
allfloridaauto@cfl.rr.com