

P98000093649

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

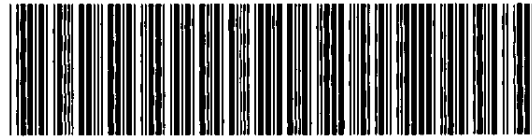
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800185576138

ac
E. DENNARD
9/1/10

Malave, Erin

From: info@basicaccountingservice.com
Sent: Monday, August 30, 2010 11:55 AM
To: CorpAddressChange
Subject: APL INSURANCE

**CORPORATION NAME: APL
INSURANCE, INC**

DOCUMENT NUMBER: P98000093649

FEI: 65-0873346

**OLD ADDRESS: 7225 NW 12 ST, MIAMI,
FL 33126**

**NEW ADDRESS: 7203 NW 12 ST, MIAMI,
FL 33126**