

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000048477

**Entity Name:** SERVICES BY PAUL HEMMERS, LLC

**Current Principal Place of Business:**

682 SW MCCRACKEN AVE  
PORT ST. LUCIE, FL 34953

**Current Mailing Address:**

682 SW MCCRACKEN AVE  
PORT ST. LUCIE, FL 34953

**FEI Number:** 26-2129841

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

HEMMERS, PAUL J  
682 SW MCCRACKEN AVE  
PORT ST. LUCIE, FL 34953 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

Title P  
Name HEMMERS, JESSIE M  
Address 682 SW MCCRACKEN AVE  
City-State-Zip: PORT ST. LUCIE FL 34953

Title VP  
Name HEMMERS, PAUL J  
Address 682 SW MCCRACKEN AVE  
City-State-Zip: PORT ST. LUCIE FL 34953

Title MGRM  
Name HEMMERS, JESSIE M  
Address 682 SW MCCRACKEN AVE  
City-State-Zip: PORT ST. LUCIE FL 34953

Title MGRM  
Name HEMMERS, PAUL J  
Address 682 SW MCCRACKEN AVE  
City-State-Zip: PORT ST. LUCIE FL 34953

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** PAUL JOHN HEMMERS

**VICE PRESIDENT**

**03/10/2015**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date