

LO6000104104

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

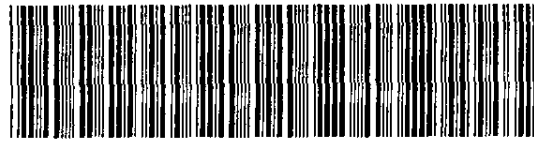
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600197646736

03/21/11--01039--009 **25.00

FILED
11 MAR 21 PM 3:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

MAR 22 2011

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Expert Home Services, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joseph A. Lavid

Name of Person

Expert Home Services, LLC

Firm/Company

11212 Beach Stroll Court

Address

Fort Myers, FL 33908

City/State and Zip Code

joe.lavid@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joseph Lavid

Name of Person

at (239)

565-5007

Area Code & Daytime Telephone Number

SECRET
TALLAHASSEE, FLORIDA

11 MAR 21 PM 3:14

FILED

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

Expert Home Services, LLC

Page 1 of 2

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

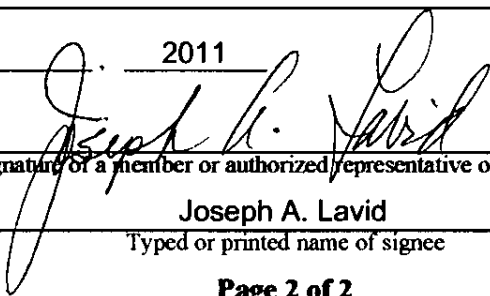
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Gretchen W. Smith	11212 Beach Stroll Ct Fort Myers, FL 33908	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	John Sorenson	11595 KELLY RD, #206 Fort Myers, FL 33908	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary)*

FILED
 11 MAR 21 PM 3:14
 SEAL OF THE STATE
 OF FLORIDA

Dated March 17, 2011



 Signature of a member or authorized representative of a member
 Joseph A. Lavid

 Typed or printed name of signee