

L07000035236

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

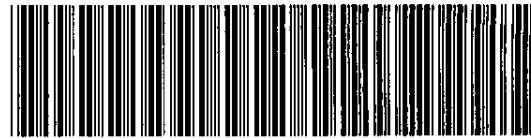
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01/10/12--01012--002 **2.50

12/19/11--01018--023 **52.50

FILED
12 JAN -9 PM 5:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
JAN 10 2012
EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 20, 2011

DENNIS PATRICK
5824 BEE RIDGE RD #222
SARASOTA, FL 34233

SUBJECT: PATRICK HOME IMPROVEMENT SERVICES, LLC
Ref. Number: L07000035236

We have received your document for PATRICK HOME IMPROVEMENT SERVICES, LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce
Regulatory Specialist II

Letter Number: 311A00028296

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PATRICK HOME IMPROVEMENT 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:

DENNIS PATRICK

Name of Person

Firm/Company

5824 BEE RIDGE RD #222

Address

SARASOTA, FL 34233

City/State and Zip Code

patrickhis@verizon.net

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

For further information concerning this matter, please call:

DENNIS PATRICK

Name of Person

at (**941**) **377-4650**

Area Code & Daytime Telephone Number

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

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TALLAHASSEE, FLORIDA

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	DAWN PATRICK	5824 BEE RIDGE RD	<input type="checkbox"/> Add
		SUITE 222	<input checked="" type="checkbox"/> Remove
		SARASOTA, FL 34233	
			<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.)*

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12 JAN -9 PM 3:50
CLERK OF THE COURT
TALLAHASSEE, FLORIDA

Dated _____, _____
 Jan. 04, 2012

Signature of a member or authorized representative of a member

DENNIS PATRICK

Typed or printed name of signee