

L08 000037418

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

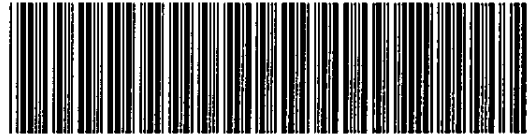
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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T. CLINE

DEC 21 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FARM HELP, 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:

Jeffery J. Summersill

Name of Person

Farm Help, LLC.

Firm/Company

15475 93rd Street North

Address

West Palm Beach, FL 33412

City/State and Zip Code

jsummersill@msn.com

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

For further information concerning this matter, please call:

Jeffery Summersill

Name of Person

at (561) 722-4502

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 DEC 20 AM 10:06

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Farm Help, 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

Title	Name	Address	Type of Action
MGR	Thomas J. Summersill	16355 East Grand National Dr Loxahatchee, Florida 33470	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Melissa J. Summersill	15475 93rd Street North West Palm Beach, FL 33412	<input checked="" 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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

FILED
2010 DEC 20 AM 10:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated 12-15, 2010.

Jeffery J. Summersill
Signature of a member or authorized representative of a member
Typed or printed name of signee