

LD80000057816

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

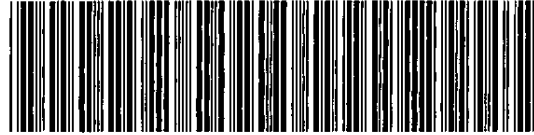
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08 MAY 27 PM 12:55

SECRETARY OF STATE
TALLAHASSEE FLORIDA

N. 0. JUN 12 2008

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE LOCAL HANDYMAN, LLC.
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to the following:

ROD KREINBRINK

(Name of Person)

(Firm/Company)

3870 BRAVO ROAD

(Address)

PORT CHARLOTTE, FLORIDA. 33953

(City/State and Zip Code)

For further information concerning this matter, please call:

ROD KREINBRINK

(Name of Person)

at (

941

) 629-3279

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☒ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 28, 2008

ROD KREINBRINK
3870 BRAVO ROAD
PORT CHARLOTTE, FL 33953

SUBJECT: THE LOCAL HANDYMAN, LLC
Ref. Number: W08000026102

We have received your document for THE LOCAL HANDYMAN, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

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) 245-6067.

Neysa Culligan
Document Specialist

Letter Number: 308A00033442

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ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

MGRM

Name and Address:

ROD KREINBRINK
3870 BRAVO ROAD
PORT CHARLOTTE, FL. 33953

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 6/01/08 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:


Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

ROD KREINBRINK
Typed or printed name of signee

FILED
08 MAY 27 PM 12:55
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)