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(Requestor's Name)

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(Address)

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(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 AUG -3 PM 12: 09

T. HAMPTON

AUG - 4 2009

EXAMINER

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Benchmark Contractors, 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:

**Gail E. Stewart**

Name of Person

**Benchmark Contractors, LLC**

Firm/Company

**3161 sw Lake Terrace**

Address

**Palm City, FL 34990**

City/State and Zip Code

**Beth@benchconllc.com**

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

For further information concerning this matter, please call:

**Beth Bourgeois**

Name of Person

at ( **772** )

**237-6426**

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

**Benchmark Contractors, LLC**

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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

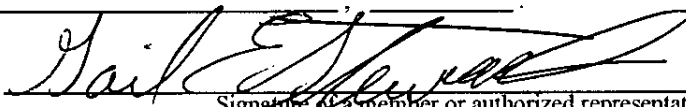
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Heidi Hamalainen-Stewart	911 SE West Virginia Drive Port St Lucie, FL 34983	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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Dated \_\_\_\_\_



Signature of a member or authorized representative of a member

Gail E. Stewart

Typed or printed name of signee

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Filing Fee: \$25.00