

108000106742

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

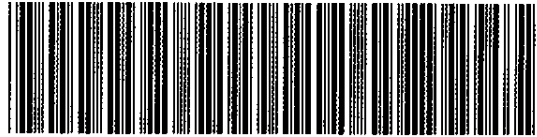
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE

NOV 21 2008

EXAMINER

## COVER LETTER

TO: **Registration Section  
Division of Corporations**

SUBJECT: **COMPLETE 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:

Randall McKie

(Name of Person)

(Firm/Company)

10161 45 Way S

(Address)

Boynton Beach FL 33436-4264

(City/State and Zip Code)

For further information concerning this matter, please call:

Randall McKie

(Name of Person)

at ( 561 ) 704-2094

(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

COMPLETE HOME IMPROVEMENT SERVICES LLC

(A Florida Limited Liability Company)

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>
MGR	Taylor I. Robert	645 Bunting Drive Delray Beach FL 33444	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MRG	Robert I. Taylor	645 Bunting Drive Delray Beach FL 33444	<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.)*

\_\_\_\_\_  
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 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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 FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Dated November 18, 2008

*Randall McKie*

Signature of a member or authorized representative of a member

Randall McKie

Typed or printed name of signee