

L 090000024342

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

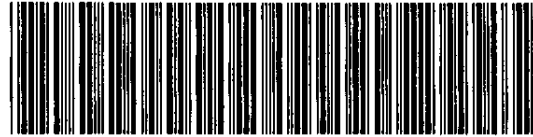
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF COURT
ALABAMA
FEB 6 2013

2013 FEB -6 AM 8:30

FILED

J. SAUL STERN
EXAMINER

FEB 7 2013

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: HARDCAPES UNLIMITED 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:

PETER WOLFE

Name of Person

HARDCAPES UNLIMITED LLC

Firm/Company

500 HARBOUR RD.

Address

NORTH PALM BEACH, 33408

City/State and Zip Code

HARDCAPES72@YAHOO.COM

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

For further information concerning this matter, please call:

PETER WOLFE

Name of Person

at **561 306 1387**

Area Code & Daytime Telephone Number

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TALLAHASSEE, FLORIDA
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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

HARDSCAPES UNLIMITED LLC

Page 1 of 3

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

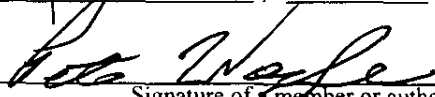
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	DOUGLAS PATTERSON	500 HARBOUR RD N.PALM BEAC FL. 33408	☒ Add
			☐ Remove
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2013 FEB 16 AM 8 30
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 DEPT. OF STATE
 TALLAHASSEE, FLORIDA

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

Dated JANUARY 21ST, 2013

X 

Signature of a member or authorized representative of a member

PETER H. WOLFE

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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CLERK OF STATE
TALLAHASSEE, FLORIDA