

L12 0000 80447

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900264894369

10/08/14--01010--005 **25.00

FILED

14 OCT -3 PM 12:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9/15
10/17/14

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **PROPERTY HEROES 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:

Nicholas Boris

Name of Person

Brian Palmer Accounting

Firm/Company

2937 Bee Ridge Rd Ste 2

Address

Sarasota, FL 34239

City/State and Zip Code

palmercpa@comcast.net

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

For further information concerning this matter, please call:

Nicholas Boris

Name of Person

941 9224744

at ()

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

MGR = Manager
AMBR = Authorized Member

14 OCT -9 PM 12:22
Add _____
Remove _____

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

E. Effective date, if other than the date of filing: _____ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated September 30, 2014



Signature of a member or authorized representative of a member

David Drewett

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
14 OCT -8 PM 12:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA