

L13000003015

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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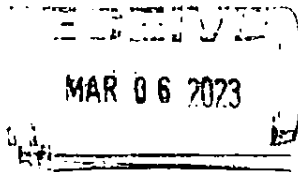
MAIL

(Business Entity Name)

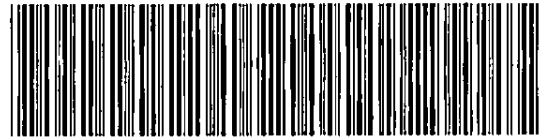
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Certified Copies _____ Certificates of Status _____

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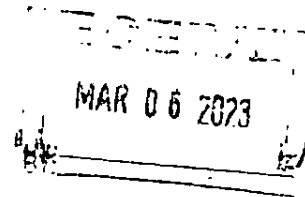


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CLERK OF COURT - 1st JUDICIAL CIRCUIT



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CLERK OF COURT
1st JUDICIAL CIRCUIT
STATE FL

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Hemmerly 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:

Hollie Hemmerly

Name of Person

Hemmerly Services & Consulting LLC

Firm/Company

3355 Mary Draper Ct W

Address

Jacksonville, FL 32223

City/State and Zip Code

hemmerly@bellsouth.net

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

For further information concerning this matter, please call:

Name of Person

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member


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~~02/18/2023~~ d/pk

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 03/03/2023 09:00 AM


Signature of a member or authorized representative of a member

Hollie P. Hemmerly
Typed or printed name of signee

Filing Fee: \$25.00