

L13000045735

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

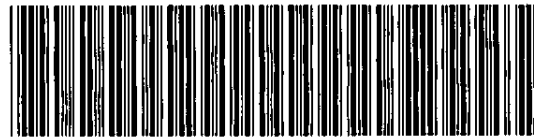
(Business Entity Name)

(Document Number)

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

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18 JUL -5 PM 2:24  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

JUL 5 2013  
T. HAMPTON

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: **HAYES HANDYMAN 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:

**DAVID E. HAYES**

Name of Person

**HAYES HANDYMAN SERVICES, LLC**

Firm/Company

**2039 N MERIDIAN RD APT#169**

Address

**TALLAHASSEE, FL 32303**

City/State and Zip Code

**DAVIDHAYES558@GMAIL.COM**

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

For further information concerning this matter, please call:

**DAVID E. HAYES**

Name of Person

at ( **850** ) **459-2345**

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

HAYES HANDYMAN SERVICES, LLC

Page 1 of 3

SECRETARY OF STATE  
PALM SPRINGS, CALIFORNIA  
10 JUL -5 PM 2:24  
the abbreviation

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	JACK S. HAYES	2039 N MERIDIAN RD	<input checked="" type="checkbox"/> Add
		APT # 169 TALLAHASSEE, FL	<input type="checkbox"/> Remove
		32303	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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SECRETARY OF STATE  
TALLAHASSEE FLORIDA  
JUL 5 PM 2:21  
ADD

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

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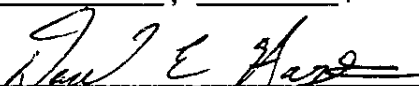
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Dated \_\_\_\_\_, \_\_\_\_\_.



Signature of a member or authorized representative of a member

David E. Hayes

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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18 JUL -5 PM 2:24  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA