

L14000008799

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

14 MAY 20 14:15

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Firefighter For Hire**

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 Wilson**

Name of Person

**Firefighter For Hire**

Firm/Company

**1031 Bending Oak Trail**

Address

**Winter Garden, FL 34787**

City/State and Zip Code

**Lawn@firefighter4hire.com**

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

For further information concerning this matter, please call:

**Nicholas Wilson**

Name of Person

**407 491-2161**

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 6, 2014

NICHALOAS WILSON  
1031 BENDING OAK TRAIL  
WINTER GARDEN, FL 34787

SUBJECT: FIREFIGHTER FOR HIRE.LLC  
Ref. Number: L14000008799

We have received your document for FIREFIGHTER FOR HIRE.LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

An amendment or cancellation of statement of authority can be filed without a statement of authority being filed first.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tim Burch  
Regulatory Specialist II

Letter Number: 314A00004976



If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Manual Pages	1011 N Shine Ave	<input checked="" type="checkbox"/> Add
		Orlando FL 32803	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove

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

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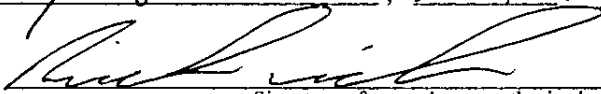
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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 May 8, 2014



Signature of a member or authorized representative of a member

Nicholas Wilson

Typed or printed name of signer

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CLERK OF STATE  
TALLAHASSEE, FLORIDA