

L140000/8738

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APR 22 2013

T. HAMPTON

## COVER LETTER

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

SUBJECT: **HOUSE REPAIRS SOLUTION LLC**

Name of Limited Liability Company

(Amend. the S in Repairs)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**GEORGE C DAHL**

Name of Person

Firm/Company

**12250 MENTA STREET SUITE 105**

Address

**ORLANDO, FL 32837**

City/State and Zip Code

**RGBOOKKEEPING@AOL.COM**

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

For further information concerning this matter, please call:

**GEORGE C DAHL**

Name of Person

at **407 309-0367**

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

April 4, 2014

GEORGE C DAHL  
12250 MENTA ST  
STE 105  
ORLANDO, FL 32837

SUBJECT: HOUSE REPAIRS SOLUTIONS LLC  
Ref. Number: L14000018738

We have received your document for HOUSE REPAIRS SOLUTIONS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

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.

Tammy Hampton  
Regulatory Specialist III

Letter Number: 014A00007289

HOUSE REPAIRS SOLUTIONS LLC

Page 1 of 3

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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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 TALLAHASSEE FLORIDA

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

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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 **APRIL 17, 2014**



Signature of a member or authorized representative of a member

**GEORGE C DAHL**

Typed or printed name of signee

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