

L16 000230815

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

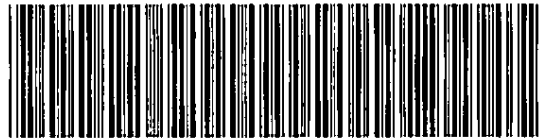
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL

CC

Alan Smith/Alth

FEB 04 2022

ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FAIR HOME OFFERS, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Amendment or Cancellation of Statement of Authority and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

HUNTER HAYDEN

Name of Person

FAIR HOME OFFERS, LLC

Firm/Company

9310 OLD KINGS RD S, SUITE 1702

Address

JACKSONVILLE, FL 32257

City/State and Zip Code

hunter@haydenhawk.com

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

For further information concerning this matter, please call:

HUNTER HAYDEN

Name of Person

904

Area Code

742-2658

Daytime Telephone Number

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

AMENDMENT OR CANCELLATION OF STATEMENT OF AUTHORITY

Pursuant to section 605.0302(2), Florida Statutes, this limited liability company submits the following:

FIRST: The name of the limited liability company is: FAIR HOME OFFERS, LLC

SECOND: The Florida Document number of the limited liability company is: L16000230815

THIRD: The street address of the limited liability company's principal office is:

9310 OLD KINGS RD S, SUITE 1702

JACKSONVILLE, FL 32257

The mailing address of the limited liability company's principal office is:

9310 OLD KINGS RD S, SUITE 1702

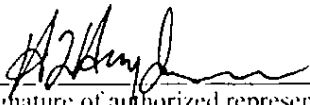
JACKSONVILLE, FL 32257

FOURTH: The date the statement of authority became effective is: SEPTEMBER 15, 2021

FIFTH: The statement of authority is cancelled.

OR

The amendment to the statement of authority is



Signature of authorized representative

HUNTER HAYDEN, MANAGER

Typed or printed name of signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

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2022 JAN 18 PM 4:36
SECRETARY OF STATE
TALLAHASSEE, FL