

L19 000 230 600

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

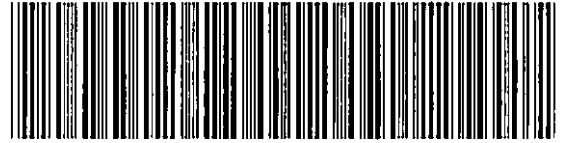
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2024 MAY 24 AM 4:49

FILED
2024 MAY 24 AM 4:49
CLERK OF THE COURT
STATE OF FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JEREMY' HANDYMAN SERVICE 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:

Theresa Trascher

Name of Person

Firm/Company

319 Spring Lane

Address

Destin, FL, 32541

City/State and Zip Code

Tkstrickmgloss@yahoo.com

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

For further information concerning this matter, please call:

Howard B. Fleet

850 651-4006
at ()

Name of Person

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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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	BAKER, KEELEY G	319 SPRING LN	<input type="checkbox"/> Add
		DESTIN, FL 32541	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	TRASCHER, JAMES J	319 SPRING LN	<input type="checkbox"/> Add
		DESTIN, FL 32541	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	TRACHER, JAMES J	319 SPRING LN	<input type="checkbox"/> Add
		DESTIN, FL 32541	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	TRASCHER, JEREMY J	319 SPRING LN	<input type="checkbox"/> Add
		DESTIN, FL 32541	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	TRACHER, JAMES J	319 SPRING LN	<input type="checkbox"/> Add
		DESTIN, FL 32541	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	TRACHER, THERESA D	319 SPRING LN	<input checked="" type="checkbox"/> Add
		DESTIN, FL 32541	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated May 8, 2024.

Jeremy Trascher

Typed or printed name of signee

Filing Fee: \$25.00