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COVER LETTER

TO:	Registration Section . Division of Corporations
SUBJ	FAIR BOMEBUYERS, LLC
or pa	Name of Limited Liability Company
Dear S	ir or Madam:
The er	closed Amendment or Cancellation of Statement of Authority and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
HUNT	ER HAYDEN
	Name of Person
FAIR	HOMEBUYERS, LLC
	Firm/Company
9310 (OLD KINGS RD S, SUITE 1702
	Address
IACK	SONVILLE, FL 32257
	City/State and Zip Code
hunter	(a)haydenhawk.com
	E-mail address: (to be used for future annual report notification)
For fu	ther information concerning this matter, please call:
HUN	TER HAYDEN 904 742-2658
	Name of Person Area Code 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

TO:

AMENDMENT OR CANCELLATION OF STATEMENT OF AUTHORITY

ECOND:	The Florida Document number of the limited liability comp	pany is:	
	The street address of the limited liability company's principa 9310 OLD KINGS RD S, SUITE 1702	d office is:	_
	IACKSONVILLE, FL 32257		_
	The mailing address of the limited liability company's princ 9310 OLD KINGS RD S. SUITE 1702	ipal office is:	TILE TO
 	IACKSONVILLE, FL 32257		TO PARTY OF STATE
 OURTH	: The date the statement of authority became effective is:	SEPTEMBER 15, 2021	- FLE
IFTH:	The statement of authority is cancelled.		
OR	The amendment to the statement of authority is		
_			_

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