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(R	equestor's Name)	<del></del>	
(Address)			
(A	ddress)		
(C	ity/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificates	of Status	
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### **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Aaron Mullis handy service, LLC  Name of Limited Liabilit	
	y Company
DOCUMENT NUMBER: L17000154439	
The enclosed Resignation of Registered Agent for a Limite for filing.	d Liability Company and fee are submitted
Please return all correspondence concerning this matter to	the following:
United States Corporation Agents, Inc.	
Name of Person	_
Legalzoom.com, Inc.	
Name of Firm/Company	_
101 North Brand Blvd. 11th Floor	
Address	_
Glendale, CA 91203	
City/State and Zip Code	_
raresignations@legalzoom.com	
E-mail address: (to be used for future annual report notification)	_
For further information concerning this matter, please call:	
Kasandra Lund 1 800	773-0888 x3951 Daytime Telephone Number
Name of Person Area Code	Daytime Telephone Number
Enclosed is a check made payable to the Florida Department liability company or \$25.00 for an administratively dissolve liability company.	nt of State for \$85.00 for an active limited ed, voluntarily dissolved or withdrawn limite

#### MAILING ADDRESS:

...;

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

#### STREET ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	ions of section 605.0115. Florida Statutes, the unde	rsigned.
United States Corporation Agents, Inc.		, hereby resigns as
	Name of Registered Agent	
Registered Agent for	Aaron Mullis handy service, LLC	
	Name of Limited Liability Company	·
L17000154439		
Document	Number, if known	
A copy of this resigna	ation was mailed to the above listed limited liability	company at its last known address.
The agency is termina	ated and the office discontinued on the 31st day afte	r the date on which this statement is filed.
If signing on behalf o	f an entity:	
	Cheyenne Moseley	- 32 A TO
	Typed or Printed Name	
	Asst. Secretary for United States Corporation Ag	jents, Inc.
	Capacity	

**FILING FEES:** 

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314