

120000152549

(Requestor's Name)

(Address)

(Address)

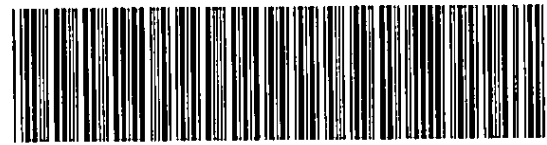
(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____



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TO: Registration Section
Division of Corporations

SUBJECT: Jo & M Handiwork LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L20000152549

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

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

9900 Spectrum Dr.
Address

Austin, TX 78717
City/State and Zip Code

rareesignations@legalzoom.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Person at (800) 773-0888
Area Code Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

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

