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SECRETARY OF STAIL ON OF CORPORATIONS

COVER LETTER

Division of Corporations	
SUBJECT: SURE-FIX HANDYMAN	SERVICES, LLC
(Name of Limite	d Liability Company)
The enclosed member, managing member or mfiling.	nanager resignation and fee(s) are submitted for
Please return all correspondence concerning th	is matter to:
MARK GRODECKI	
(Contact Person)	
(Firm/Company)	
21515 WATERS DISCOVERY TE	RRACE
(Address)	
GERMANTOWN, MD 20876	en la companya di managan di mana Managan di managan di m
(City/State and Zip Code)	,
For further information concerning this matter	, please call:
MARK GRODECKI	at (240) 372-0532
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to	the Florida Department of State for:
\$25 Filing Fee	\$55 Filing Fee &
	Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

1. The name of the of State is: <u>SU</u>	limited liability company as RE-FIX HANDYMAN	it appears on the records	s of the Florida Depart	ment	
2. This limited liab	pility company was organized	under the laws of:			
	ument/registration number of umber 510520839 / Do	-	•		
4. I, MARK GF	RODECKI	, hereby resign as a	MANAGER/ME	МВ	ER
(Print)	lame of Person Resigning)	,	(Print Title)		
resignation in w	E Swole?	2	ny has been notified o	f my	0
Signature of Res	igning Member, Managing N	lember or Manager		10 HAR 12	SECRE DIVISION (
Filing Fee:	\$25.00 (Required)			12	¥¥ ¥¥
Certified Copy:	\$30.00 (Optional)			PK	708£
				Ü	85
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