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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Hand Control (Name of Limited Liability Company)
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
CISAGUASSMAN
(Contact Person) LISA + 6 MSSMAW PA
20283Stall Rd 7 # 400
City/State and Zip Code)
For further information concerning this matter, please call: SAG MSMAN
(Name of Contact Person) (Area Code & Daytime Telephone Number)
Exclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Tallahassee, Florida 32301

CR2E079 (2/14)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

1. The name of the of State is:	limited liability company as it appears on the records of the Florida Departm
L050	ment/registration number assigned to this limited liability company is: 0005449 mber/manager withdrew/resigned or will withdraw/resign is:
·	in title) A-(+A-(+A-(+A-(+A-(+A-(+A-(+A-(+A-(+A-(+
of this limited lia resignation in wr	pility company and affirm the limited liability company has been notified of mitting.
Signature of Di	ssociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)