L05000 79656

_____
(Requestor's Name)

_____
(Address)

_____
(Address)

_____
(City/State/Zip/Phone #)

☐ PICK-UP   ☒ WAIT   ☐ MAIL

_____
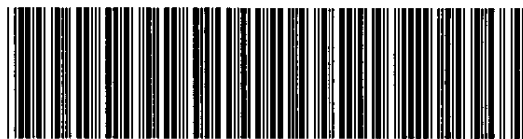(Business Entity Name)

_____
(Document Number)

Certified Copies __1__   Certificates of Status _____

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Office Use Only

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07/03/07--01002--007   **110.00

RECEIVED
07 JUL -2 PM 4: 33
DEPT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
07 JUL -2 PM 4: 52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _Tallahassee Handyman LLC_
(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Dennis L Coxwell
(Contact Person)

Tallahassee Handyman LLC
(Firm/Company)

8162 Parterre Court
(Address)

Tallahassee, Fl 32312
(City/State and Zip Code)

For further information concerning this matter, please call:

Susan Coxwell at (_850_) _921-6252_
(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:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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 limited liability company as it appears on the records of the Florida Department
of State is: __Tallahassee Handyman LLC__ .

2. This limited liability company was organized under the laws of:
   __Florida__ .

3. The Florida document/registration number of this limited liability company is:
   __L05000079656__ .

4. I, __Albert Coxwell__ , hereby resign as a __managing member__
   (Print Name of Person Resigning)   *(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my
resignation in writing.

_____
Signature of Resigning Member, Managing Member or Manager

Filing Fee: $25.00 (Required)
Certified Copy: $30.00 (Optional)

CR2E079 (5/06)