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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	
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SECRETARY OF STATE

06 JUN -6 PM 2:01

COVER LETTER

Division of Corporations		
SUBJECT: Richard Richards Handyman	Service LLC	
(Name of L	imited Liability Cor	прапу)
Dear Sir or Madam:		
The enclosed Resignation of Member, Managir	ıg Member or M	lanager and fee(s) are submitted for filing
Please return all correspondence concerning thi	is matter to the f	following:
Richard Richards		
(Name of Person)		_
Richard Richards Handyman Service LL	.c	_
(Firm/Company)		
3730 ABC Road		_
(Address)		
Lake Wales, FL 33859		
(City/State and Zip Code)		_
For further information concerning this matter,	please call:	
Richard Richards	at (863	632-0823
(Name of Person)	(Area Cod	e & Daytime Telephone Number)
STREET/COURIER ADDRESS:		MAILING ADDRESS:
Registration Section		Registration Section
Division of Corporations Clifton Building		Division of Corporations P.O. Box 6327
2661 Executive Center Circle		Tallahassee, Florida 32314
Tallahassee, Florida 32301		Talialiassee, Tiolida 32314
Enclosed is a check for the following amount	:	
 ₹ § § 25 Filing Fee		\$55 Filing Fee &
CR2F079 (8/05)		Certified Copy



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I、Clara Richards	, hereby resign as Manager/Member	
	(Title)	
of Richard Richards Handyman Service LLC		
(Limited I	Liability Company)	
a limited liability company organized under th	he laws of the State of Florida	
and affirm that the limited liability company h	nas been notified in writing of the resignation.	
Signature of resigning mana	ager, managing member or member)	

FILING FEE IS \$25.00

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

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CR2E079 (8/05)