10600 113732

	(Requestor's Name)
	(Address)
	(Address)
<u>, </u>	(City/State/Zip/Phone #)
. PICK-UF	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	s to Filing Officer:

Office Use Only

789-707-671

LOC-113732



000109124000

09/12/07--01009--005 **35.00

SECRETARY OF STATE

7 SEP 20 PM 1

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: AUNT SHARE HAND (Name of Limited Liabil)	Ity Company)	
The enclosed member, managing member or manage filing.	r resignation and fee(s) are submitted for	
Please return all correspondence-concerning this mat	ter to:	
SHARYL NICKERSON (Contact Person)		
AUNT SHAR'S HANDYMAN LL (Firm/Company)	<u>e</u>	
6200 - 147 " AVE No. (Address)	SECRI	07 SEP 20 PM 1:20
CLEARWATER FL 33760 (City/State and Zip Code)	ASSE	20
(City/State and Zip Code)	ш. С.	P H
For further information concerning this matter, please	e call:	1:20
(Name of Contact Person) at (7)	27) 530-9126	_
(Name of Contact Person) (Area	a Code & Daytime Telephone Number)	
Enclosed please find a check made payable to the Flo \$25 Filing Fee	orida Department of State for: \$55 Filing Fee & Certified Copy	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section Division of Corporations	Registration Section Division of Corporations	
Clifton Building	P.O. Box 6327	

Tallahassee, Florida 32314

2661 Executive Center Circle Tallahassee, Florida 32301

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 13, 2007

SHARYL NICKERSON 6200 147 AVE NORTH CLEARWATER, FL 33760

SUBJECT: AUNT SHAR'S HANDYMAN LLC

Ref. Number: L06000113732

We have received your document for AUNT SHAR'S HANDYMAN LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days of your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please cal (850) 245-6097.

Marsha Thomas Document Specialist

Letter Number: 807A00054190



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

I. The name of the	limited liability company as	s it appears on the records o	f the Florid	a Department
of State is:A	UNT SHAR!S	YANDYMAN LLC.		
2. This limited liabi	lity company was organize	d under the laws of:		07 SEP 20 PM 1:20 SECRETARY OF STATE TALLAHASSEE FLORIDA
	ment/registration number o	of this limited liability comp	any is:	I: 20 STATE LORIDA
-		, hereby resign as a		
resignation in wri	ting.	he limited liability company	has been n	otified of my
Alasye N Signature of Resignature	ckerson gning Member, Managing !	Member or Manager		
	\$25.00 (Required) \$30.00 (Optional)			