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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Impact Handyman Services, LLC (Name of Limited Liability Company)
DOCUMENT NUMBER:
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Allyson L. Lazzara, Esquire (Name of Person)
Williams, Schiffing, Margione & Steady, P.A. (Name of Firm/Company)
201 N. Franklin Street, Swife 3200 (Address)
Tampa, FL 33602 (City/State and Zip Code)
For further information concerning this matter, please call:
Mark Whiteside at (813) 832-6992 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

Amendment Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

RESIGNATION OF REGISTERED AGENT FOR A LIMITED **LIABILITY COMPANY**

Pursuant to the provision	ns of section 608.	.416(2) or 608.509, Florida S	Statutes, the undersig	gned,
Mark Whiteside		de	, hereby resigns	s as
	(Name of Registere	d Agent)	,,g	
Registered Agent for	Impact	Handyman Serv	rices, LLC	
	(Name	of Limited Liability Company)		,
L070000	o579			
(Document Numb	er, if known)			
-		<u> </u>	after the date on wh	
If signing on behalf of a	n entity:	(Signature of Resigning Ag	ent)	
		(Typed or Printed Name)	· 	08 MAR 27 SECRETARY
		(Capacity)		7 27 P TARY O NASSEE.

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