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(Cit	y/State/Zip/Phone	⇒ #)
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SECRETARY OF STATE DIVISION OF CORPORATION

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: HANDY CHICS AND PROFESSIONAL ORGANIZERS 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:
ABIGAIL CARNES (Contact Person)
HANDY CHICS AND PROFESSIONAL DEGANIZERS LLC. (Firm/Company)
4305 N.E 21 AV APT#2 (Address)
FORT-LAUDENDALE, Tel. 33308 (City/State and Zip Code)
For further information concerning this matter, please call:
VICTORIA MIR at (954) 270-6786 (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 \$ Certified Copy

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

CR2E079 (5/06)

MAILING ADDRESS:

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



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 Deposition of State is: HANDY CHICS AND PROFESSIONAL DREAMZERS LLC	oartme	ent _·
2. This limited liability company was organized under the laws of: STATE OF FLORIDA.		
3. The Florida document/registration number of this limited liability company is: FEI# 27-037554		
4. I, VICTORIA MIN , hereby resign as a MGRM (Print Name of Person Resigning) (Print Title)		_
of this limited liability company and affirm the limited liability company has been notified resignation in writing.		ny DIVI S
Signature of Resigning Member, Managing Member or Manager	09 SEP 21	ECRETAR'S
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	AM 11: 32	FO Y OF STATE CORPORATION

CR2E079 (5/06)