11000027220

(Re	equestor's Name)	
(Ac	ddress)	
(8)	ddress)	
(A)	udiess)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Nan	ne)
(Do	ocument Number)	
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T. HAMPTON

APR 1 8 2011

EXAMINER

COVER LETTER

Division of Corporations	
SUBJECT: Rd HANDYMAN SERVICES, LLC	
(Name of Limited Liability Co	mpany)
The enclosed member, managing member or manager resigning.	gnation and fee(s) are submitted for
Please return all correspondence concerning this matter to:	
ROBERT DUARTE	
(Contact Person)	
(Firm/Company)	_
1453 L SOUTH LIBERTY AVE	_
(Address)	
HOMESTEAD FL 33034	A PART OF A CONTRACT OF A STATE O
(City/State and Zip Code)	-
For further information concerning this matter, please call:	:
RADUARTE@BELLSOUTH.NET at (305	
(Name of Contact Person) (Area Code	e & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida I	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
2661 Executive Center Circle Tallahassee, Florida 32301	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 ap of State is: RD HANDYMAN SERVICE		of the Florida Department
2. This limited liability company was organized und FLORIDA	ler the laws of:	
3. The Florida document/registration number of this L1100027220		
_{1. I,} AMANDA DUARTE	, hereby resign as a	MANAGER MGRM
(Print Name of Person Resigning)	- , -	(Print Title)
of this limited liability company and affirm the lin resignation in writing.	nited liability compan	ny has been notified of my
r amarda Quarte		
Signature of Resigning Member, Managing Memb	per or Manager	

SECRETARY OF STATE DIVISION OF CORPORATIONS

CR2E079 (5/06)

Filing Fee: Certified Copy:

\$25.00 (Required) \$30.00 (Optional)