

U12000009425

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

APR 23 2013  
D. BRUCE

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Superior Handyman Maintenance LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** U2000009425

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:

David Sanchez  
Name of Person

Superior Handyman Maintenance LLC  
Name of Firm/Company

4300 2nd Ave S  
Address

St Petersburg FL 33711  
City/State and Zip Code

dsanchezhandyman22@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David Sanchez at 927 831 1274  
Name of Person Area Code & Daytime Telephone Number

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DEPT. OF STATE  
TALLAHASSEE FLORIDA

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

Laurel B Reyes, hereby resigns as  
Name of Registered Agent

Registered Agent for Superior Handyman Maintenance LLC  
Name of Limited Liability Company

LI2000009425  
Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

Laurel B Reyes  
Signature of Resigning Agent

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name  
\_\_\_\_\_  
Capacity

**FILING FEES:**

- \$ 85.00 Active limited liability company
- \$ 25.00 Administratively dissolved/ voluntarily dissolved/  
withdrawn limited liability company

**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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2018 APR 22 PM 1:42  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA