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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

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**COVER LETTER** 

CO VER EET TER
TO: Registration Section Division of Corporations
SUBJECT:   SUBJECT:   (Name of Limited Liability Company)  (Name of Limited Liability Company)
The enclosed Articles of Dissolution and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
DAvid Exton (Name of Person)
(Firm/Company)
13425 Southan Cety
(Qity/State and Zip Code) FC 3486
For further information concerning this matter, please call:
(Name of Person) at ( 40) 896-3000 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee and Certificate of Dissolution □ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)

## MAILING ADDRESS:

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

## STREET/COURIER ADDRESS:

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

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability company is HANDYMEN Scruices LLC
2.	The Articles of Organization were filed on
	document number $\frac{13000/92950}{26/2005}$
3.	The delayed effective date the dissolution if not effective on the date of filing:  (effective date cannot be prior to or more than 90 days later than date document is received for filing)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
4.	A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).
5.	If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:
	13425 Southanliky
	- (Dindermere) + C39/86
	Signature of an authorized person or if there are no members, the signature of the person appointed and ted above to wind up the company's activities and affairs:
X	DAVID C. EATONI Signature  DAVID C. EATONI Printed Name
	FILING FEE: \$25,00

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ALL LABASSEE. FLORIDA