

43000171598

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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AND
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15 MAR 18 PM 3:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Signature]
MAR 2 2015
T. LEMIEUX

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Mr. McDuck's Handyman Service LLC
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Troy Townsend
(Contact Person)

Mr. McDuck's Handyman Service, LLC
(Firm/Company)

3717 NW 109th Terr
(Address)

Gville, FL 32606
(City/State and Zip Code)

For further information concerning this matter, please call:

Troy Townsend at 854 324 6949
(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

☐ \$55 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

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



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Mr. McDuck's Handyman Service LLC.

2. The Florida document/registration number assigned to this limited liability company is:

L13000171598

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 12-9-14

4. I, Mickey Hargan, hereby withdraw/resign as a
(Print Name of Person Resigning)

MGRM

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

[Signature]

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

15 MAR 18 PM 3:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

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