114000023649

(Requestor's Name)
(Address)
,
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer:
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14 AUG 25 AN 9: 25
SECRE LARY OF STATE
TALL AMASSES FLORIDA.

(I.M. 9-2-14

COVER LETTER

Division of Corporations	
SUBJECT: B&B HANDYMA (Name of Li	AN TMPROVEMENTS mited Liability Company)
The enclosed member, resignation or disso	ciation and fee(s) are submitted for filing.
Please return all correspondence concerning	g this matter to: $\frac{7}{2}$
ALESSANDRO 51 LVA (Contact Person)	
(Firm/Company)	FELORIDA PELORIDA
2485 QUIET WATERS LOOP (Address) OCOEE FL 34761 (City/State and Zip Code)	
(City/State and Zip Code) For further information concerning this man	
ALESSANDICO SILVA (Name of Contact Person)	at (407) 376-9471 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable \$25 Filing Fee	to the Florida Department of State for: ☐ \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (2/14)

Tallahassee, Florida 32301

TO: Registration Section



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

14 AUG 25 AM 9: 25 SECRE PART OF STATE TALLAHASSEF FLORIDA

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

(Pursuant to 605.0216, Florida Statutes)

1. The name of the l	imited liability company as it appears on the records of the Florida Department
of State is: Bd	B HANDYMAN IMPROVEMENTS
2. The Florida docum	ment/registration number assigned to this limited liability company is:
L 140000	223649
3. The date this men	nber/manager withdrew/resigned or will withdraw/resign is: 08-19-2014
	ne of Person Resigning), hereby withdraw/resign as a
AMBIG	Print Title)
of this limited liab resignation in writ	ility company and affirm the limited liability company has been notified of my ing.
Alemando Signature of Dis	Sociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)
comica copy.	