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(Requestor's Name)				
(Address)				
(Address)				
(City	y/State/Zip/Phone	<del>: #)</del>		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
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## **COVER LETTER**

TO: Registration Section

CR2E079 (2/14)

Division of Corporations					
SUBJECT: Dand R Paint and Hundyman Services LLC (Name of Limited Liability Company)					
(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:					
Dennis Parker (Contact Person)					
Dard R Paint and Handyman Services LLC (Firm/Company)					
P.O. BOX 265 (Address)					
Satsuma, FL 32189 (City/State and Zip Code)					
For further information concerning this matter, please call:					
Dennis Parleer at (386) 227 - 3881  (Name of Contact Person) (Area Code & Daytime Telephone Number)					
Enclosed please find a check made payable to the Florida Department of State for:  \$\sumset\$ \$\\$25\$ 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 lim	ited liability company as it a	ppears on the rec	ords of the Florida Department
of State is: D&R	Paint & Handyman	Services	LLC
2. The Florida docume	nt/registration number assign	ned to this limited	d liability company is:
L1400011	6827	_·	
3. The date this member	er/manager withdrew/resigne	d or will withdra	w/resign is: ///10/15
4. I, Dennis /	Parker of Person Resigning)	_, hereby withdra	aw/resign as a
registered agend (Prin	/ Manages		
of this limited liabilit resignation in writing		nited liability co	mpany has been notified of my
Down Pur	h		
Signature of Disso	ciating Member or Resigning	g Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		