# L15000131374

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## COVER LETTER \* • \* •

SUBJECT: <u>HELPING HAND MOVERS NAPLES</u> LLC
(Name of Limited Liability Company)

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

DIANA OHANORAN
(Contact Person)

Please return all correspondence concerning this matter to:

HELPINF HAND MOVERS NAPLES
(Firm/Company)

JOB MARDEL DR, UNIT 504

NAPLES, FL 34104
(City/State and Zip Code)

For further information concerning this matter, please call:

(Name of Contact Person) at (239) 250 - 1544

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

□ \$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

CR2E079 (2/14)

TO:

Registration Section
Division of Corporations



### 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	e limited liability company as it appears on the records of the Florida Department
of State is:	HELPING HAND MOVERS NAPLES, LLC
2. The Florida doc	ument/registration number assigned to this limited liability company is:
L150	000131379
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is: 40905710, 2013
4. I, ANTH (Print N	ONY V. QUERCIA, hereby withdraw/resign as a Name of Person Resigning)
AM	BR (Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
Gu	thery & Rueria
Signature of D	issociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Conv	\$30.00 (Ontional)