16000051145

(Re	questor's Name)			
(Address)				
(Ad	dress)			
(Cit	y/State/Zip/Phone	· #)		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only



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K. SALY EXAMINER MAY - 4

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: We do All Handyman 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:				
Javier E. Leguillow (Contact Person)				
We do All Hendynan ServiceS/LCC (Firm/Company)				
6350 Babcock St. SE Suite 62 (Address)				
Palm Bay FL 32909 (dity/State and Zip Code)				
For further information concerning this matter, please call:				
Name of Contact Person) at (321) 473 - 8564 (Area Code & Daytime Telephone Number)				
Enclosed please find a check made payable to the Florida Department of State for: \$\textstyle \text{\$\text{25}}\$ \text{Filing Fee} \text{\$\text{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)



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SECRETARY OF STATE
TALLAHASSEE, FLORIS.

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 li	imited liability com	pany as it appears on	the records of the Florida Department	
of State is: U	le do All	Handyman	Services, LLC.	
2. The Florida docur	nent/registration nu	mber assigned to this	s limited liability company is:	
L1600	00051145	•		
3. The date this mem	nber/manager withd	rew/resigned or will	withdraw/resign is: 4/8/16	
4.1. Evelun		, hereby	withdraw/resign as a	
<u> </u>	R Print Title)	- -		
of this limited liabi		ffirm the limited liab	ility company has been notified of my	
Luch in	<u>p</u> .			
Signature of Dissociating Member or Resigning Manager				
Filing Fee:	` -	•		
Certified Copy:	\$30.00 (Optional))		