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COVER LETTER

TO:	Registration Section		•	
	Division of Corporations			
SUBJI	David Doman's Handyn	nan Service LLC		
SODO		Name of Limited	Liability Com	pany)
The en	nclosed member, resignation	n or dissociatio	n and fee(s)	are submitted for filing.
Please	return all correspondence	concerning this	matter to:	
Teressa	E. Doman			
	(Contact Perso	en)		
David [Doman's Handyman Service			
	(Firm/Compan	ıy)		
8641 W	/inding Lane			
	(Address)	-		
Pensace	ola, Fl. 32514			
	(City/State and Zi	Code)		
For fu	rther information concernir	ng this matter, p	olease call:	
David I	R. Doman	at	850	516-8448
	(Name of Contact Person			& Daytime Telephone Number)
Enclos	sed please find a check mad			-
□ \$25	5 Filing Fee		l \$55 Filing	Fee & Certified Copy
	Mailing Address:			Street Address:
	Registration Section			Registration Section
	Division of Corporations			Division of Corporations
	P.O. Box 6327			The Centre of Tallahassee
	Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810

CR2E079 (2/14)

Tallahassee, FL 32303



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 of State is: David Doman's Handyman Service LLC	appears on the records of the Florida	Departi	ment 	
	2. The Florida document/registration number assig	gned to this limited liability company	v is:		
	3. The date this member/manager withdrew/resign	ned or will withdraw/resign is: 06/01/2	2020		
*	4. I, Jonathan Reese Doman , hereby withdraw/resign as a				
	(Print Name of Person Resigning)				
	Officer/Member	[A]	2821		
	(Print Title)		WILL WILL WILL WILL WILL WILL WILL WILL		
	of this limited liability company and affirm the l	imited liability company has been no	tifiedo	f my	
	resignation in writing.	Ĺa	. P.	. :	
*			4 2: 24		
	Signature of Dissociating Member or Resignir	ng ivianager			

Filing Fee:

\$25.00 (Required)

Certified Copy:

\$30.00 (Optional)