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2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

_	stration Section sion of Corporations		20 21 JUL 12	PM	1: 35
SUBJECT:	David Doman's Handyman Servi		;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;	*:	. i_
	(Name of	Limited Liability Co	ompany)		-
The enclose	d member, resignation or dis	sociation and fee	(s) are submitted for filing.		
Please return	n all correspondence concern	ing this matter to	:		
Teressa E. Do	man				
	(Contact Person)				
David Doman	's Handyman Service				
	(Firm/Company)				
8641 Winding	Lane				
	(Address)				
Pensacola, Fl.	32514				
-	(City/State and Zip Code)				
For further i	nformation concerning this r	natter, please call	:		
David R. Dom	an	850 at (516-8448		
()	Name of Contact Person)		e & Daytime Telephone Nun	nber)	-
Enclosed ple ☐ \$25 Filin	ease find a check made payal g Fee		Department of State for: ng Fee & Certified Copy		
	ng Address:		Street Address:		
	stration Section sion of Corporations		Registration Section Division of Corporations	\$	
	Box 6327		The Centre of Tallahasse		

CR2E079 (2/14)

Tallahassee, FL 32314

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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)

The name of the limited liability company as it ap Of State is: David Doman's Handyman Service LLC	ppears on the records of the Florida Departmen
 The Florida document/registration number assign L16000159147 	ned to this limited liability company is:
3. The date this member/manager withdrew/resigne	
4. 1, (Print Name of Person Resigning) Officer/Member	_, hereby withdraw/resign as a
(Print Title)	
of this limited liability company and affirm the ling resignation in writing. Signature of Dissociating Member or Resigning	Alt LHALE BE

Filing Fee:

\$25.00 (Required)

Certified Copy:

\$30.00 (Optional)