116000159780

(Re	questor's Name)	· · ·
(
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
	0.17	(0)
Certified Copies	_ Certificates	s or Status
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Special Instructions to	Filing Officer:	
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SECRETARY OF STATE

K. SALY DEC 13 2016

COVER LETTER

	Registration Section Division of Corporations		
SUBJE	PDS MP HANDYMAN I I C		
SCEE		ited Liability Co	mpany)
The encl	losed member, resignation or dissoci	ation and fee(s) are submitted for filing.
Please re	eturn all correspondence concerning	this matter to:	
GILBEI	RTO ARCIA		
	(Contact Person)	-	_
	(Firm/Company)		_
21160	JUEGO CIRCLE 13D		
	(Address)		_
BOCA	RATON, FL 33433		
	(City/State and Zip Code)		_
For furth	ner information concerning this matte	er, please call:	
GILBE	RTO ARCIA	954 at (410-8515
	(Name of Contact Person)	(Area Code	& Daytime Telephone Number)
	d please find a check made payable to Filing Fee		Department of State for: g Fee & Certified Copy
	T/COURIER ADDRESS:		MAILING ADDRESS:
_	tion Section of Corporations		Registration Section Division of Corporations
Clifton I	<u> </u>		P.O. Box 6327
	ecutive Center Circle see, Florida 32301		Tallahassee, Florida 32314

CR2E079 (2/14)







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 appears on the records of the Florida Department
of State is: PDS	MR. HANDYMAN LLC
2. The Florida doc	ument/registration number assigned to this limited liability company is:
L1600015978	0 .
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is:
4. I, GILBERTO	ARCIA, hereby withdraw/resign as a lame of Person Resigning)
VMGR	
resignation in wi	
Signature of D	issociating Member or Resigning Manager
•	\$25.00 (Required)
Certified Conv	\$30.00 (Optional)