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(R	equestor's Name)			
(Address)				
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PICK-UP	☐ WAIT	MAIL		
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Ja volostao

COVER LETTER

Divisi	ion of Corporations			
SUBJECT:	Rick's Handy And Service LLC			
SOBULCI.	(Name of Limited Liability Company)			
The enclosed	member resignation or dissociation	on and fee(s	s) are submitted for filing.	
Please return	all correspondence concerning this	matter to:		
Maribe	th (Kepner) Jorza			
	(Contact Person)		_	
same				
	(Firm/Company)		_	
PO Box 402	25			
-	(Address)		_	
Deltona, FL	32725			
	(City/State and Zip Code)		-	
For further in	formation concerning this matter, p	olease call:		
Maribeth (Ke	pner) Jorza at	386	624 - 5578	
(Na	ime of Contact Person)	(Area Code	& Daytime Telephone Number)	
Enclosed plea ☐ \$25 Filing	ase find a check made payable to the Fee		Department of State for: 3 Fee & Certified Copy	
Regist Divisi P.O. F	g Address: tration Section on of Corporations Box 6327 tassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	

CR2E079 (2/14)

TO: Registration Section



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)

	, , ,	it appears on the records of the Florida Department
of State is:	k's Handyman Service	
2. The Florida docu L17000086694	ument/registration number as	ssigned to this limited liability company is:
3. The date this me	mber/manager withdrew/resi	igned or will withdraw/resign is:October 2018
4. I. Maribeth Jorza	a Tame of Person Resigning)	, hereby withdraw/resign as a
Manager	and by the on tears, may	
· · · · · · · · · · · · · · · · · · ·	(Print Title)	
of this limited lial resignation in wr		e limited liability company has been notified of my
	_ Graya ssociating Member or Resign	ning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	Thank york.