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COVER LETTER

Division of Corporations

SUBJECT: TONY DIFFER HANDY MAN, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L17000174901

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are sub for filing.

Please return all correspondence concerning this matter to the following:

United States Corporation Agents, Inc.

Name of Person

Legalzoom.com, Inc.

Name of Firm/Company

101 North Brand Blvd. 11th Floor

Address

Glendale, CA 91203

City/State and Zip Code

Kasandra Lund 1 800 773-0888 x3951

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Person Area Code Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active liliability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdray liability company.

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32344

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Fallahassee, F1, 32301

TO:

Registration Section

STATEMENT OF RESIGNATION OF REGISTERED AGEN FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ns of section 605.0115. Florida Statutes, the und	ersigned.
United States Corporation Agents, Inc.		, hereby resigns as
	Name of Registered Agent	
Registered Agent for TO	ONY DIFFER HANDY MAN, LLC	
	Name of Limited Liability Company	
L17000174901		
Document Nu	mber, if known	
A copy of this resignation	on was mailed to the above listed limited liabilit	y company at its last known addre-
The agency is terminated	d and the office discontinued on the 31st day af	ter the date on which this statemen
	(\mathcal{M})	
	Highature of Resigning Agent	Sage Sage
If signing on behalf of a	n entity:	
	Cheyenne Moseley	17 (17) (17) (17)
	Lyped or Printed Name	
	Asst. Secretary for United States Corporation A	Agents, Inc.
	Capacity	O DE
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FILING FEES:
\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

Make checks payable to Florida Department of State and mail to: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314