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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: S & J Handy	Solutions LLC	,
(Name of Lin	nited Liability Com	pany)
The enclosed member, resignation or dissoc	iation and fee(s)	are submitted for filing.
Please return all correspondence concerning	this matter to:	
Febres, Jorge		
(Contact Person)		
S & J Handy Solutions LLC		
(Firm/Company)		
939 Cloverleaf Blvd		
(Address)	,	
Deltona, Florida.32725		
(City/State and Zip Code)		
For further information concerning this matt	er, please call:	
Febres, Jorge	386	218-9199
(Name of Contact Person)	(Area Code	& Daytime Telephone Number)
Enclosed please find a check made payable \$25 Filing Fee		epartment of State for: Fee & Certified Copy

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Registration Section Division of Corporations P.O. Box 6327

MAILING ADDRESS:

Tallahassee, Florida 32314

CR2E079 (2/14)



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)

of State is: S 8	& J Handy Solutions LLC	as it appears on the records of the Florida Department assigned to this limited liability company is:
L170002054	-	
3. The date this n	nember/manager withdrew/r	resigned or will withdraw/resign is:
(Print	Name of Person Resigning)	, hereby withdraw/resign as a
	AMBR	
	(Print Title)	•
resignation in v		the limited liability company has been notified of my signing Manager