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TO: Registration Section
Division of Corporations

M&J HANDIMAN SERVI	CES LLC	
(Name of Limited Liability Company)		
The enclosed member, resignation or diss	sociation and fee(s) are submitted for filing.	
Please return all correspondence concern	ing this matter to:	
MARGARITA SANTOS CARDENAS		
(Contact Person)		
NONE		
(Firm/Company)		
2225 GREENBACK CIRCLE APT 10	4	
(Address)		
NAPLES, FLORIDA 34112		
(City/State and Zip Code)		
For further information concerning this m	natter, please call:	
MARGARITA SANTOS CARDENAS	at 239 ,961-8279	
(Name of Contact Person)	(Area Code & Daytime Telephone Number)	
Enclosed please find a check made payab \$\Boxed{\Boxes} \\$25 \text{Filing Fee}\$	le to the Florida Department of State for: ☐ \$55 Filing Fee & Certified Copy	

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 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)

The name of the limited liability company as i M&J HANDIMAN SERVICES L of State is:	بي t appears on the records of the Florida Departmeng LC
2. The Florida document/registration number ass L17000249795	igned to this limited liability company is:
3. The date this member/manager withdrew/resig MARGARITA SANTOS CARDENAS 4. 1. (Print Name of Person Resigning)	_
AUTHORIZED REPRESENTATIVE (Print Title)	
of this limited liability company and affirm the resignation in writing.	limited liability company has been notified of my
MAR	
Signature of Dissociating Member or Resigni	ng Manager

Certified Copy:

\$30.00 (Optional)