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COVER LETTER

Division of Corporations
SUBJECT: Handing Services and Innovations LLC (Name of Limited Liability Company)
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
Genetta Prieto (Contact Person)
Handine Services And Innovations (Firm/Company)
911 Quency St. Apt 112 (Address)
Laheland Fl 33815 (City/State and Zip Code)
For further information concerning this matter, please call:
Cenetta Prieto at (813) 447-7/05 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$\sum \\$25 \text{ Filing Fee & Certified Copy}\$
Mailing Address: Registration Section Registration Section Division of Comparations
Division of Corporations P.O. Box 6327 Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314



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)

1. The name of the l	imited liability company as it appears on the records of the Florida Department
of State is:H	andine Services and Innovations ILC.
2. The Florida document	ment/registration number assigned to this limited liability company is:
L1800000	8819
3. The date this men	nber/manager withdrew/resigned or will withdraw/resign is: 10/03/2020
4. I, Geneth (Print Na	me of Person Resigning), hereby withdraw/resign as a
Mana	Print Title)
of this limited liab resignation in writ	ility company and affirm the limited liability company has been notified of my ing.
St with	- Pareto
Signature of Dis	sociating Member or Resigning Manager
_	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)