L18000066312

| (Requestor's Name) | | | |
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| (Address) | | | |
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| (Address) | | | |
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| (Cit | ty/State/Zip/Phone | e #) | |
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| PICK-UP | WAIT | MAIL | |
| | | | |
| (Bu | siness Entity Nan | ne) | |
| | | | |
| (Document Number) | | | |
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| Certified Copies | Certificates | of Status | |
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| Special Instructions to Filing Officer: | | | |
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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations

| HANDY HASKELL HOME IMPROVEME SUBJECT: | NTS AND MORE ELC |
|--|--|
| (Name of Limited Lia | bility Company) |
| The enclosed member, resignation or dissociation a | and fee(s) are submitted for filing. |
| Please return all correspondence concerning this m | atter to: |
| AUSTIN PRESTON | |
| (Contact Person) | |
| (Firm/Company) | |
| 1515 CLAYTON AVE | |
| (Address) | |
| LEHIGH ACRES FL33936 | |
| (City/State and Zip Code) | |
| For further information concerning this matter, ple | ase call: |
| AUSTIN PRESTON 2 at (| 672-3441 |
| (Name of Contact Person) (A | rea Code & Daytime Telephone Number) |
| Enclosed please find a check made payable to the ■ \$25 Filing Fee □ \$ | Florida Department of State for: 555 Filing Fee & Certified Copy |
| Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, 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)



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)

| - 10° | mited liability company as i CHASKELL HOME IMPROVE | t appears on the records of the Florida Department |
|---|---|--|
| or gram-is: | | |
| 🖄. The Florida docum | tent/registration number ass | signed to this limited liability company is: |
| - L18000066312 | | |
| 3. The date this mem | ber/manager withdrew/resig | gned or will withdraw/resign is: |
| 4. 1. AUSTIN PRESTO | N | , hereby withdraw/resign as a |
| (Print Nan | ne of Person Resigning) | |
| MANAGER | | |
| , (P | rint Title) | |
| of this limited liabi resignation in writi | | limited liability company has been notified of my |
| the the | | |
| Signature of Diss | sociating Member or Resign | ing Manager |
| Filing Fee: | \$25.00 (Required) \$30.00 (Optional) | |
| of this limited liabil resignation in writi | lity company and affirm the ng. | · |