L18000083805

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



400438112784

2024 OCT 21 PH 2: 11

COVER LETTER

TO: Registration Section Division of Corporations Your Handyman Solutions LLC SUBJECT: (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: Wilfredo Acosta (Contact Person) Your Handyman Solutions LLC (Firm/Company) Po Box 4374 (Address) Brandon, Fl 33509 (City/State and Zip Code) For further information concerning this matter, please call: Brenda Acosta (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: ■ \$25 Filing Fee □ \$55 Filing Fee & Certified Copy Mailing Address: Street Address: Registration Section Registration Section

CR2E079 (2/14)

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

SECTLINGY OF STATE

Division of Corporations

The Centre of Tallahassee

2415 N. Monroe Street, Seit Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

SOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

ļi	Your Handyman Solutions LLC (2.38))epartm	ient
11.		s:	_
۱.	La e this member/manager withdrew/resigned or will withdraw/resign is:	2-4	
	A zosta, hereby withdraw/resign as a, hereby withdraw/resign as a,		
	Wand Registered Agent (Print Title)		
I	somited liability company and affirm the limited liability company has been not it too in writing.	fied of i	my
	Moda		
•	ure of Dissociating Member or Resigning Manager	(A) (A) (A) (A)	2024 OCT 2
•	\$25.00 (Required) 4 Copy: \$30.00 (Optional)		CT 2