<u>L18000107449</u>

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COVER LETTER

TO: Registration Section Division of Corporations

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SUBJECT: A QUALITY HANDYMAN, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L18000107449

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

United States Corporation Agents, Inc.

Name of Person

Legalzoom.com, Inc.

Name of Firm/Company

101 North Brand Blvd. 11th Floor

Address

Glendale, CA 91203

City/State and Zip Code

raresignations@legalzoom.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kasandra Lundat (1800)773-0888 x3951Name of PersonArea CodeDaytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

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

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115. Florida Statutes, the undersigned.

United States Corporation Agents, Inc.

Name of Registered Agent

. hereby resigns as

Name of Registered Agent

Registered Agent for A QUALITY HANDYMAN, LLC

Name of Limited Liability Company

L18000107449

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Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

nature of Resigning Agent

If signing on behalf of an entity:

Cheyenne Moseley

FILED 19 AUG 28 PH 5: 17 NUCRETARY OF STATE ULABANSEE, FLORIDA

Asst. Secretary for United States Corporation Agents, Inc.

Typed or Printed Name

Capacity

FILING FEES:

\$ 85.00 Active limited liability company

\$ 25.00 Administratively dissolved/ voluntarily dissolved/

withdrawn limited liability company

Make checks payable to Florida Department of State and mail to: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314