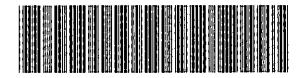
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Pandy'S Home Repair (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:
Timitia Thomas (Contact Person)
Paraly's Home Repair (Firm/Company)
2089 Ridgelane Rd
Clearwater FL 33755 (City/State and Zip Code)
For further information concerning this matter, please call:
TIMIKIA TOMAS at 727 505-940 7 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: 2 \$25 Filing Fee 3 \$55 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:

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

CR2E079 (2/14)

MAILING ADDRESS:

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

Please Ser



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 limited liability co	mpany as it appears on the records of the Florida Department
of State is: Danyy's H	•
2. The Florida document/registration r	number assigned to this limited liability company is:
L1800017024	3
3. The date this member/manager with	ndrew/resigned or will withdraw/resign is: 101520
4. I, TIMIKIA Thom (Print Name of Person Resigni	ng), hereby withdraw/resign as a
Title Manger (Print Title)	
of this limited liability company and resignation in writing.	affirm the limited liability company has been notified of my
Jany & A	2
Signature of Dissociating Member	or Resigning Manager
Filing Fee: \$25.00 (Require \$30.00 (Options	