

L18000201729

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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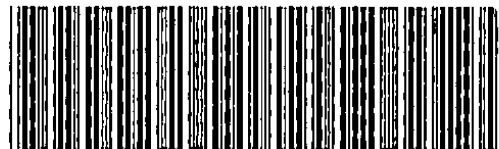
(Business Entity Name)

(Document Number)

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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

2019 OCT -9 PM 2:36

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OCT 23 2019

T. LEMUEX

# STATEMENT OF RESIGNATION OF REGISTERED AG FOR A LIMITED LIABILITY COMPANY

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

MYCORPORATION BUSINESS SERVICES, INC.

, hereby resigns as

Name of Registered Agent

Registered Agent for Leombruno Painting and Handyman Services L.L.C.

Name of Limited Liability Company

L18000201729

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

Dana Case  
Signature of Resigning Agent

If signing on behalf of an entity:

Dana Case

Typed or Printed Name

Manager

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withdrawn limited liability company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

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TALLAHASSEE, FLORIDA