## L19000053189

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(220)		
(Document Number)		
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Certified Copies Certificates of Status		
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## **COVER LETTER**

TO: Registration Section Division of Corporations	
Mr. Handy Fix LLC SUBJECT:	
(Name of Limited Liability Co	ompany)
The enclosed member, resignation or dissociation and fee(	(s) are submitted for filing.
Please return all correspondence concerning this matter to	:
Edwin Paz	
(Contact Person)	
(Firm/Company)	
695 84th·st #3	
(Address)	
Miami Beach, FL 33141	
(City/State and Zip Code)	
For further information concerning this matter, please call	:
Edwin Paz 305 at (	510-1601
(Name of Contact Person) (Area Cod	le & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida	Department of State for:
■ \$25 Filing Fee □ \$55 Filing	ng Fee & Certified Copy
Mailing Address:	Street Address:
Registration Section Division of Corporations	Registration Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	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)

	limited liability compa	any as it appears on the records of the Florida Department
2. The Florida docu L19000053189	ument/registration num	nber assigned to this limited liability company is:
4. I,	_	ew/resigned or will withdraw/resign is:
		irm the limited liability company has been notified of my
Edwin Paz	dottoop verified 05/11/21 12:35 PM EDT 6AJT-DODD-LPWZ-PING	
Signature of Di	ssociating Member or	Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	