L19000000290

(Requ	uestor's Name)	
(Addr	ess)	
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(City/	State/Zip/Phon	e #)
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☐ PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nar	ne)
(Docu	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fi	lina Officer:	
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COVER LETTER

TO: Registration Section Division of Corporations		
Division of Corporations		
Top Shelf Handyman Services L	LC	
Name of Limi		Company
DOCUMENT NUMBER: L19000100290		
The enclosed Resignation of Registered Agent for filing.	or a Limited	Liability Company and fee are submitted
Please return all correspondence concerning this	matter to th	e following:
United States Corporation Agents, Inc.		
Name of Person		
Legalzoom.com, Inc.		
Name of Firm/Company		
9900 Spectrum Dr.		
Address		
Austin, TX 78717		
City/State and Zip Code		
raresignations@legalzoom.com		
E-mail address: (to be used for future annual report no	otification)	
For further information concerning this matter, pl	lease call:	
	800	773-0888
Name of Person	Area Code	Daytime 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

	sions of section 605.0115, Florida Statutes, the	undersigned,	DE TO
United States Co	orporation Agents, Inc.	, hereby resigns as	4
	Name of Registered Agent	Hereby resigns as	至10.
Registered Agent for	Top Shelf Handyman Services LLC	· · · · · · · · · · · · · · · · · · ·	
	Name of Limited Liability Company		
	rance of transect bacomy company		
L19000100290			
Documen	t Number, if known		
	CHARLE, II KIIOWII		
	nation was mailed to the above listed limited liab		
	ation was mailed to the above listed limited liab	after the date on which this state	
The agency is termin	nation was mailed to the above listed limited liab	after the date on which this state	
The agency is termin	nation was mailed to the above listed limited liab	after the date on which this state	
	nation was mailed to the above listed limited liab nated and the office discontinued on the 31st day Signature of Resigning Ag	after the date on which this state	
The agency is termin	nation was mailed to the above listed limited liable attended and the office discontinued on the 31st day Signature of Resigning Age of an entity: Cheyenne Moseley	after the date on which this star	

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