## L19000 108 965

(Re	questor's Name)			
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



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##25.00 **\*\***25.00 **\*\***25.00

2020 APR 14 PH 2: 02

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## **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT:Name	of Limit	ed Liability (	Company	
DOCUMENT NUMBER: L190001089				
The enclosed Resignation of Registered a for filing.		r a Limited	Liability Company and fee are submitted	
Please return all correspondence concern	ing this	matter to the	e following:	
United States Corporation Agents, In	C.			
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 annu-	al report r	otification)		
For further information concerning this i	natter, p	lease call:		
Janna Pantoja	nt i	,800	773-0888 x3950	
Name of Person	at 1	Area Code	Daytime Telephone Number	
Enclosed is a check made payable to the liability company or \$25.00 for an admir liability company.	Florida nistrativ	Department ely dissolved	of State for \$85.00 for an active limited d, voluntarily dissolved or withdrawn limited	
MAILING ADDRESS:		STREET ADDRESS:		
Registration Section		Registration Section Division of Corporations		
Division of Corporations P.O. Box 6327		Clifton Building		
Tallahassee, FL 32314		2661 Executive Center Circle		

Tallahassee, FL 32301

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

Pursuant to the provisi	ons of section 605.0115. Florida St	atutes, the undersigned.	
United States Cor	poration Agents, Inc.	, hereby resigns as	
<del></del>	Name of Registered Agent		
Registered Agent for	JW Handy LLC		
	Name of Limited Liability	Company	·
L19000108965			
Document	Number, if known		
A copy of this resigna	tion was mailed to the above listed	limited liability company at its last k	nown address.
		the 31st day after the date on which the 31st day after the 31st day after the date on which the 31st day after	
If signing on behalf of	Can entity:		<b>20</b> TAL
• -	Cheyenne Moseley		ZOZO APR 14 SECRITARY ALLAMASSES
	Typed or Printe	d Name	A 5 70 1
	Asst. Secretary for United State	s Corporation Agents, Inc.	15 F
	Capacity		PH 2: 02
	FILING FEES: \$ 85.00 Active li \$ 25.00 Adminis	mited liability company tratively dissolved/ voluntarily disso	

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

withdrawn limited liability company