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(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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#### **COVER LETTER**

·
SUBJECT: MR. HAMMER HANDYMAN SERVICES LLC (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:
Alexander LAMAS (Contact Person)
(Firm/Company)
23254 HARTICY AVENUE
BET Charlotte, FL 33954 (City/State/and Zip Code)
For further information concerning this matter, please call:
Alexander Longs at (786 446-7698 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for:  \$\sim\$ \$\\$25 \text{Filing Fee} \text{ S55 Filing Fee & Certified Copy}

#### STREET/COURIER ADDRESS:

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

**TO:** Registration Section

Division of Corporations

MAILING ADDRESS:

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

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)

1. The name of the l	imited liability company as it appears on the records of the Florida Department
of State is:	HAMMER HANDYMAN SERVICES, LLC.
2. The Florida docur	ment/registration number assigned to this limited liability company is:
L1900	Ø178998
3. The date this mem	nber/manager withdrew/resigned or will withdraw/resign is: 8/2/20/9
4.1. MABEL	hereby withdraw/resign as a me of Person Resigning)
MGR (F	Print Title)
of this limited liabi resignation in writi	lity company and affirm the limited liability company has been notified of my ing.
Maluf	Lanes)
Signature of Diss	sociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)