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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	ısiness Entity Nar	ne)
(Do	ocument Number)	· .
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COVER LETTER

TO: Registration Sect	tion		
Division of Corp	orations		
TWO MEN . SUBJECT:	AND A HAMMER LI	.c	
	(Name of L	imited Liability Co	mpany)
The enclosed member, re	esignation or disso	ciation and fee(s) are submitted for filing.
Please return all correspondent	ondence concernin	g this matter to:	
TOM SCHAPPE			
(C	ontact Person)		_
TWO MEN AND A HAMM	ER LLC		
(Fi	irm/Company)		_
6626 BUTTONBUSH COL	IRT		
	(Address)		_
LAKEWOOD RANCH, FL.	34202		
(City/S	State and Zip Code)		
For further information of	concerning this ma	tter, please call:	
TOM SCHAPPE		314 at (795 8510
(Name of Conta	act Person)	_ `	& Daytime Telephone Number)
Enclosed please find a ch	neck made payable	to the Florida [Department of State for:
■ \$25 Filing Fee			g Fee & Certified Copy
Mailing Address:			Street Address:
Registration Sect			Registration Section
Division of Corpo	orations		Division of Corporations
P.O. Box 6327	10214		The Centre of Tallahassee
Tallahassee, FL 3	12314		2415 N. Monroe Street, Suite 81 Tallahassee, FL 32303



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)

of State is: TWO MEN AND A HAMMER LLC	it appears on the records of the Florida Departmen
The Florida document/registration number as: L19000212397	signed to this limited liability company is:
The date this member/manager withdrew/resi JOSEPH WILLIAMS	gned or will withdraw/resign is:
(Print Name of Person Resigning)	, nercey withord writesign as a
MGRM	
(Print Title)	
of this limited liability company and affirm the resignation in writing.	e limited liability company has been notified of my
Popla (1) illiano	
Signature of Dissociating Member or Resign	ning Manager

Filing Fee:

Certified Copy:

\$25.00 (Required)

\$30.00 (Optional)