119000 223 168

(Requé	estor's Name)			
(Addre	ss)			
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(11111	,			
- 10: 10				
(City/S	tate/Zip/Phone #)		
PICK-UP	WAIT	MAIL		
(Busin	ess Entity Name			
ζ	, ,			
(Danie)				
(Docur	ment Number)			
Certified Copies Certificates of Status				
Special Instructions to Fili	na Officer:			

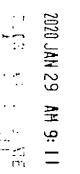
Office Use Only



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Meny Mory

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Expert tlandyman of Savasota 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:				
MATTHEW D. SKedel (Contact Person)				
Firm/Company) of Sarasota LLC				
4520 Longwater Chase				
Sa(asota, FL 34235 (City/State and Zip Code)				
For further information concerning this matter, please call:				
MATTHEWD. SKede! at (2/6) 337-2889 (Area Code & Daytime Telephone Number)				
Enclosed please find a check made payable to the Florida Department of State for: \$\square\$ \$\s				
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of Corporations				

Division of Corporations The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314



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 company as it appears on the		
of State is: _E	xpert Handyman of	Sarasota LLC	<u></u> .
2. The Florida docu	ment/registration number assigned to this lin	nited liability company is:	
119	000223168		
3. The date this me	mber/manager withdrew/resigned or will with	hdraw/resign is: <u>Jan 35</u>	<u>5,2020</u>
4.1. MATTH	EWD, SKEde (, hereby wit	:hdraw/resign as a	
- 17	(Rring Title)		
of this limited lial resignation in wri	oility company and affirm the limited liability	company has been notified of	fmy
MANU	/		
Signature of Di	ssociating Member or Resigning Manager	2020 JAN	· · ,‴ŋ
Filing Fee:	\$25.00 (Required)	A Z	b []
Certified Copy:	\$30.00 (Optional)	_ (0)
		:- P	
		<u> </u>) Vistor