# K20000152549

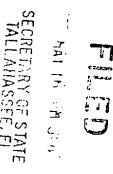
(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
Q. SILAS			
2 تا 2022 يان ز			

Office Use Only



000385498870

05/16/22--01011--001 \*\*25.00



### COVER LETTER

Division of Corporations	
SUBJECT:	
Name of Limited Liability	Company
DOCUMENT NUMBER: L20000152549	
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	ne 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 notification)	
For further information concerning this matter, please call:	
800 at (	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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

TO: Registration Section

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

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

SECRETARY OF STATE TALLAHASSEE, FL

Pursuant to the provision	is of section 605.0115, Florida Statutes	, the undersigned,
United States Corporation Agents, Inc.		, hereby resigns as
	Name of Registered Agent	, notedy resigns as
Registered Agent for Jo	& M Handiwork LLC	
	Name of Limited Liability Compar	 ıy
L20000152549		
Document Nur	nber, if known	
A copy of this resignatio	n was mailed to the above listed limite	d liability company at its last known address.
The agency is terminated	and the office discontinued on the 31s	t day after the date on which this statement is filed.
	Signature of Resign	ing Agent
If signing on behalf of an	entity:	
	Cheyenne Moseley	
	Typed or Printed Name	
	Asst. Secretary for United States Corp	oration Agents, Inc.
	Capacity	

FILING FEES:

\$ 85.00 \$ 25.00

Active limited liability company
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