

L20000175284

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

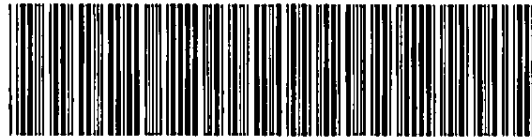
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 SEP 27 PM 1:37
CLERK OF STATE
TALLAHASSEE, FL

Sherika K Harris
Name of Person

Let Them Be Little Helping Hands LLC
Firm/Company

7305 NW 15th St.
Address

Plantation FL 33313
City/State and Zip Code

sherika625@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sherika K Harris at (754) 246-5069
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee
☒ \$30.00 Filing Fee & Certificate of Status
☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
☐ \$60.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Rec.
09/13/21

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CLERK OF SUPERIOR COURT
TALLAHASSEE, FL



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 limited liability company as it appears on the records of the Florida Department of State is: Let Them Be Little Helping Hands LLC

2. The Florida document/registration number assigned to this limited liability company is:

L20000175284

3. The date this member/manager withdrew/resigned or will withdraw/resign is: August 30th 2021

4. I, Sylvon A Small, hereby withdraw/resign as a
(Print Name of Person Resigning)

manager
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

S Small

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)