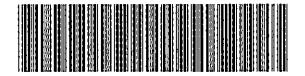
## L20 000223473

(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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(Document Number)		
Certified Copies	_ Certificate:	s of Status
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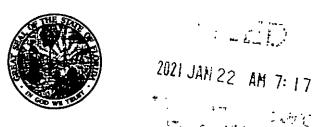
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## COVER LETTER

,	·
TO: Registration Section Division of Corporations	
GILBERT HANDYMAN SERVICES AG SUBJECT:	
(Name of Limited L	iability Company)
The enclosed member, resignation or dissociation	and fee(s) are submitted for filing.
Please return all correspondence concerning this r	natter to:
GILBERTO ZERPA	
(Contact Person)	
MGR GILBERT HANDYMAN SERVICES AG LLC	
(Firm/Company)	
11319 BRITHON DR	
(Address)	
ORLANDO, FL 32837	
(City/State and Zip Code)	
For further information concerning this matter, pl	ease call:
	321 441-0518
	Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the ☐ \$25 Filing Fee	Florida Department of State for: \$55 Filing Fee & Certified Copy
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



## 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 records of the Florida Departmen
L20000223473	ument/registration number assigned to this limited liability company is:
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is:
4. I, AMORALMA T	ORREALBA, hereby withdraw/resign as a
(Print N	lame of Person Resigning)
MGR	
	(Print Title)
resignation in wi	
Signature of D	sésociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	