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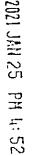
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COVER LETTER

TO:	Registration Section		
	Division of Corporations		
SUBJ			
	(Name of Lin	nited Liability Co	impany)
The er	nclosed member, resignation or dissoc	iation and fec(s) are submitted for filing.
Please	e return all correspondence concerning	this matter to	:
Lesley	Greenslade		
	(Contact Person)		_
The Ha	andy Butlers LLC		
	(Firnt/Company)		_
25017	Turkey Lake Rd		
	(Address)		_
Howey	in the Hills, FL 34737		
	(City/State and Zip Code)		_
For fu	rther information concerning this matt	er, please call:	
Lesley	Greenslade	407 at (625-3746
	(Name of Contact Person)		e & Daytime Telephone Number)
Enclos	sed please find a check made payable t	to the Florida I	Department of State for:
₩ \$25	5 Filing Fee	□ \$55 Filin	g Fee & Certified Copy
	Mailing Address:		Street Address:
	Registration Section		Registration Section
	Division of Corporations		Division of Corporations
	P.O. Box 6327		The Centre of Tallahassee
	Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



2021 JAN 25 PH 4: 52

SECRETARY OF STATE TALLAHASSES, FL

FILED

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)

	Handy Butlers, LLC
	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, Jonathan R Rull	an, hereby withdraw/resign as a, hereby withdraw/resign as a,
Manager	
	(Print Title)
of this limited lia resignation in wi	ibility company and affirm the limited liability company has been notified of my riting.
Jonathan	R Rullan
	issociating Member or Resigning Manager
-	\$25.00 (Required) \$30.00 (Optional)