

L21000014078

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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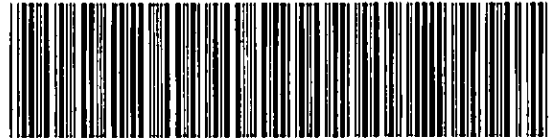
(Business Entity Name)

(Document Number)

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D. BRUCE
MAY 19 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Mr. Jackson Master Handyman

(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:

Loretta Harvey

(Contact Person)

Mr. Jackson Master Handyman, LLC

(Firm/Company)

3329 Royal St.

(Address)

Winter Park, FL 32792

(City/State and Zip Code)

For further information concerning this matter, please call:

Loretta Harvey

321 369-8503
at (_____) _____
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$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

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