

121000.338576

(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:

wrong form

Office Use Only



500378646395

01/03/22--01017--020 **52.50

FILED
2022 FEB 11 AM 11:28
STATEMENT OF SERVICE
TALL MADRID, TN

*Dissociation
of
Member*

MAR 16 2022

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Handimansam LLC
(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:

Samuel P. Mordenga
(Contact Person)

Handimansam LLC
(Firm/Company)

400 NW 20th Street
(Address)

Cape Coral, Florida 33993
(City/State and Zip Code)

FILED
2022 FEB 11 AM 11:28
SECRETARY OF STATE
TALLAHASSEE, FL

For further information concerning this matter, please call:

Samuel P. Mordenga at (585) 663-8199
(Name of Contact Person) (Area Code & Daytime Telephone Number)

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

~~\$55 Filing Fee~~
N/A

\$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



RECEIVED

FLORIDA DEPARTMENT OF STATE
Division of Corporations

2022 FEB 11 AM 8:20
SECRETARY OF STATE
TALLAHASSEE, FL

January 12, 2022

SAMUEL P. MORDENGA
HANDIMANSAM LLC
400 NW 20TH STREET
CAPE CORAL, FL 33993

SUBJECT: HANDIMANSAM LLC
Ref. Number: L21000338576

We have received your document for HANDIMANSAM LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Limited Partnership, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 822A00000984



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED
2022 FEB 11 AM 11:28
CORPORATION
TALLAHASSEE, FL

**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: Handimansam LLC

2. The Florida document/registration number assigned to this limited liability company is:
L21000338576

3. The date this member/manager withdrew/resigned or will withdraw/resign is: December 31, 2021

4. I, Jennifer D. Mordenga, hereby withdraw/resign as a
(Print Name of Person Resigning)

MGR
(Print Title)

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

Jennifer D. Mordenga
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required) → \$52.50 credit, see letter/note
Certified Copy: \$30.00 (Optional) Refund from Diane Cushing

Also: Jennifer D. Mordenga
MGR, was removed
from Handimansam LLC
via Annual Report update