# LZI 000355719

(Requestor's Name)	
(Address)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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2021 CCT -1; PH 12: 16

RARES

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### **COVER LETTER**

	Pandula Handuryork I.I.C
SUBJ	ECT:
	Name of Limited Liability Company
DOC	JMENT NUMBER: L21000355719
The er for fili	iclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted ng.
Please	return all correspondence concerning this matter to the following:
Unite	d States Corporation Agents, Inc.
	Name of Person
Legal	zoom.com, Inc.
	Name of Firm/Company
9900	Spectrum Dr.
	Address
Austi	n, TX 78717
	City/State and Zip Code
rares	gnations@legalzoom.com
E-	mail address: (to be used for future annual report notification)
For fu	ther information concerning this matter, please call:
	, 800 \ 773-0888
	Name of Person Area Code Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

## MAILING ADDRESS:

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

#### STREET ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

# STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ns of section 605.0115, Florida Statutes, the undersigned.		
United States Corp	oration Agents, Inc. hereby re	esions as	
	Name of Registered Agent	-	
Registered Agent for R	andy's Handywork LLC	2021 (1)	1.
		<u></u>	-
	Name of Limited Liability Company		
L21000355719		PH 12: 16	ر محمود
Document Nu	imber, if known	16	
A copy of this resignation	on was mailed to the above listed limited liability company a	nt its last known address.	
The agency is terminate	d and the office discontinued on the 31st day after the date of	on which this statement is fil	ed.
	CUL		
	Signature of Resigning Agent		
If signing on behalf of a	n entity:		
	Cheyenne Moseley		
	Typed or Printed Name		
	Asst. Secretary for United States Corporation Agents, Inc.		
	Capacity		

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327

Active limited liability company
Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

**FILING FEES:** 

\$ 85.00 \$ 25.00

Tallahassee, FL 32314