# L21000404624

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Emily Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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2022 FTW 14 PH 2: 42

### **COVER LETTER**

TO: Registration Section Division of Corporations

SUBJECT: One-Stop Inside Out-Elite	Handyman LLC
DOCUMENT NUMBER: L21000404624	Company
	It inhility Common and for any submitted
The enclosed Resignation of Registered Agent for a Limited for filing.	i Diability Company and fee are submitted
Please return all correspondence concerning this matter to the	ne following:
United States Corporation Agents, Inc.	
Name of Person	-
Legalzoom.com, Inc.	
Name of Firm/Company	•
9900 Spectrum Dr.	
Address	-
Austin, TX 78717	
City/State and Zip Code	•
raresignations@legalzoom.com	
E-mail address: (to be used for future annual report notification)	-
For further information concerning this matter, please call:	
at (	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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

INHS17 (2/14)

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

Pursuant to the provision	ns of section 605.011:	5, Florida Statutes, the und	lersigned.			
United States Corporation Agents, Inc.			_ , hereby resigns as			
	Name of Registered Ager	nt	Hereby resigns as			
Registered Agent for O	ne-Stop Inside Ou	ut-Elite Handyman LL	<u>C</u>			
	Name of Lim	ited Liability Company			·	i
L21000404624						
Document Nu	mber, if known	<del></del>				
A copy of this resignatio	n was mailed to the a	bove listed limited liability	y company at its last ki	nown ad	dress.	
The agency is terminated	d and the office disco	ntinued on the 31st day aft	er the date on which th	nis stater	nent is	filed.
		Signature of Resigning Agent				
If signing on behalf of ar	n entity:					
	Cheyenne Mose	ley			702	
	T	yped or Printed Name		<u>:-</u> -,	73	. ,
	Asst. Secretary for U	Inited States Corporation A	gents, Inc.		41 kg	era se granno e
		Capacity		10 -X		h-lui j
	<u>FILING</u> \$ 85.00 \$ 25.00	FEES: Active limited liability of Administratively dissolve withdrawn limited liabi	ved/ voluntarily dissol	OF STATE	PH 2: 42	O

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314