L21000466451

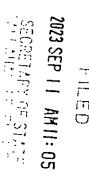
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
	GCT 1: 20	13

Office Use Only



800415965708

09/22/23--01003--004 **2955.00



COVER LETTER

TO: Registration Section Division of Corporations	•
G&GHANDYMANSERVICES LLC SUBJECT: Name of Limited Liability	Company
DOCUMENT NUMBER: 1.21000466451	
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	ne following:
Travis Crabtree	
Name of Person	
LEGALCORP SOLUTIONS, LLC	
Name of Firm/Company	
3 Greenway Plaza #1320	
Address	
Houston, TX 77046	
City/State and Zip Code	
guerrashandymanservices@gmail.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
LegalCorp Solutions, LLC 888 at (534-3018
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

INHS17 (2/14)

\$ 7500

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	sions of section 605.0115. Florida Statutes, the	undersigned.	
LEGALCORP SOLUTIONS, LLC		, hereby resigns as	
	Name of Registered Agent	Hereby resigns as	
Registered Agent for	G&GHANDYMANSERVICES LLC		_
	Name of Limited Liability Company		_•
1.21000466451			
Document	Number, if known		
-	ation was mailed to the above listed limited lia ated and the office discontinued on the 31st day		
	Signature of Resigning A	gent 2	
If signing on behalf o		2023 SEP SECRETA	
	Travis Crabtree	ZAN BATT	=
	Typed or Printed Name		-E0
	Member		O
	Capacity	AM II: 05	

FILING FEES:
\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

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