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## **COVER LETTER**

**Division of Corporations** MY HANDYMAN CAN SERVICES LLC. **SUBJECT:** (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: ERLINDA J BAUGHER (Contact Person) MY HANDYMAN CAN SERVICES LLC (Firm/Company) 2740 BELVOIR BLVD (Address) SARASOTA, FL 34237 (City/State and Zip Code) For further information concerning this matter, please call: 240 8825810 **ERLINDA BAUGHER** (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: ☐ \$55 Filing Fee & Certified Copy ■ \$25 Filing Fee Street Address: **Mailing Address:** Registration Section Registration Section

**Division of Corporations** 

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E079 (2/14)

**Division of Corporations** 

Tallahassee, FL 32314

P.O. Box 6327

TO:

Registration Section



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

of State is:	HANDYMAN CAN SERVICES LLC	·
2. The Florida doc	ument/registration number assigned to this limited liability company is:	-
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2 The Josephia man	ument/registration number assigned to this limited liability company is: 007 30	. 3
		—´
ERLINDA J BA	NUGHER , hereby withdraw/resign as a	•
	Name of Person Resigning)	
OFFICER		
	(Print Title)	
of this limited lia	ability company and affirm the limited liability company has been notified of riting.	my
5 1	Men	
Signature of Di	issociating Member or Resigning Manager	
Filing Fee:	\$25.00 (Required)	
Certified Conv	\$30.00 (Optional)	