

# L22000503447

\_\_\_\_\_  
(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:

Office Use Only



100413815171

08/14/23--01045--014 \*\*25.00

FILED  
2023 AUG 14 AM 8:52  
TALLAHASSEE, FLORIDA


## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MY HANDY CONCIERGE, 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:

YOLAYNE GONZALEZ  
(Contact Person)  
  
(Firm/Company)

2745 WILD PINES LN. APT 520  
(Address)

NAPLES, FL 34112  
(City/State and Zip Code)

For further information concerning this matter, please call:

YOLAYNE GONZALEZ at ( 786 ) 720-7225  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

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

☒ \$25 Filing Fee

☐ \$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



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)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: My HANDY CONCIERGE, LLC

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

L 22000503447

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 8/10/2023

4. I, YOLAYNE GONZALEZ, hereby withdraw/resign as a  
(Print Name of Person Resigning)

MANAGER  
(Print Title)

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

\_\_\_\_\_  
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

FILED  
2023 AUG 14 AM 8:52  
TALLAHASSEE, FLORIDA