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(кед	uestor's Name)			
(Address)				
(Address)				
(City/State/Zip/Phone #)				
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PICK-UP	TIAW	MAIL		
(Bus	iness Entity Nan	ne)		
(Doc	ument Number)			
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5/18/23 VIN

SECRETALY OF STATE

COVER LETTER

Registration Section

Division of Corporations

TO:

SUBJECT: Badgley MERTEL and Sons Hand (Name of Limited Liability Company)	lyman Services LC.
The enclosed member, resignation or dissociation and fee(s) are submit	ted for filing.
Please return all correspondence concerning this matter to:	
Aretha M. Delonah-Badgley (Contact Person)	
Bodgley Merten-Sons Handyman Service	SUC
2467 Convay Blvd.	
Port Charlotte, Fl. 33952. (City/State and Zip Code)	
For further information concerning this matter, please call:	
Aretha Budgley at (407) 775 (Name of Contag Person) (Area Code & Daytime	Telephone Number)
Enclosed please find a check made payable to the Florida Department \$25 Filing Fee \$55 Filing Fee & Cer	of State for: tified Copy
Division of Co. permitter	
P.O. Box 6327 The Centr	e of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314



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)

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of State is:	adyley MERE	ons Har	dyman Drvices C
2. The Florida doc	ument/registration number	assigned to this limited li	ability company is:
	000 69876.	·	
3. The date this me	ember/manager withdrew/r	esigned or will withdraw/	resign is: <u>03/07/202</u> 3.
4. I. Zochary E (Print N	lame of Person Resigning)	, hereby withdraw/	resign as a
NGA	(Print Title)		
of this limited lia resignation in wr		the limited liability compa	any has been notified of my
norte	ng Elalone	_	FIL 2023 MAR 10 SECRETARY TALLAHA
Signature of Di	issociating Member or Res	signing Manager	S -
Filing Fee:	\$25.00 (Required)		AM II: 3 OF STAT SEE: FL
Certified Copy:	\$30.00 (Optional)		$\overset{\sim}{\sim}$ $\overset{\sim}{\simeq}$