

L23 000 281 452

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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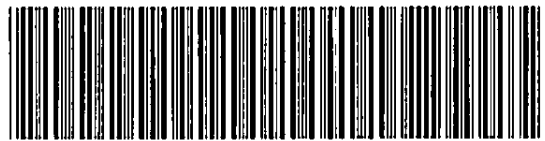
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

HANDYMAN ST. JOHNS, LLC

**SUBJECT:** \_\_\_\_\_  
Name of Limited Liability Company

1.23000281452

**DOCUMENT NUMBER:** \_\_\_\_\_

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JEFFREY GIBSON

\_\_\_\_\_  
Name of Person

HANDYMAN ST. JOHNS, LLC

\_\_\_\_\_  
Name of Firm/Company

800 DERBY LN.

\_\_\_\_\_  
Address

PONTE VEDRA, FL 32081

\_\_\_\_\_  
City/State and Zip Code

Jeffgibson247@yahoo.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JEFFREY GIBSON

352

942-3598

\_\_\_\_\_  
Name of Person at (\_\_\_\_\_) \_\_\_\_\_  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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