

L24 000 004 282

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

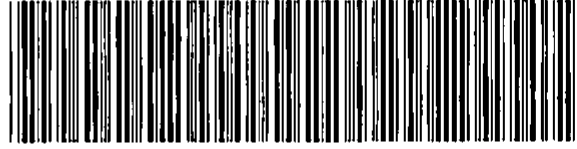
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800438940318

12/13/24--01001--025 \*\*85.00

FILED  
24 DEC 13 11:25  
TALLAHASSEE, FLORIDA

RECEIVED  
2024 DEC 13 PM 2:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: DB HANDYMAN AND COURIER SERVICES  
Name of Limited Liability Company

DOCUMENT NUMBER: L24000004282

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:

DARWIN P. BANICO  
Name of Person

DB HANDYMAN AND COURIER SERVICES  
Name of Firm/Company

197 NABB RD.  
Address

TALLAHASSEE FLORIDA 32317  
City/State and Zip Code

dabanico74@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DARWIN BANICO at (850) 274 6024  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

# STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

LEGAL ZOOM

Name of Registered Agent

, hereby resigns as

Registered Agent for DB HANDYMAN AND COURIER SERVICES

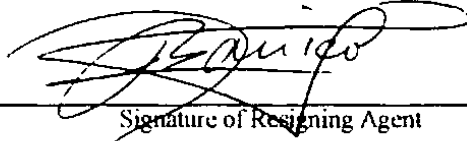
Name of Limited Liability Company

L24000004282

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



Signature of Resigning Agent

If signing on behalf of an entity:

DARWIN BANICO

Typed or Printed Name

OWNER

Capacity

## 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