L24000004782

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COVER LETTER

TO: Registration Section Division of Corporations	•		
SUBJECT: DP HANDY AND COUPLE Name of Limited Lie	R GERVICES LLC ability Company		
Dear Sir or Madam:			
Dear Sir or Madam.			
The enclosed Registered Agent/Registered Office Change and f	ec(s) are submitted for filing.		
Please return all correspondence concerning this matter to the for	ollowing:		
DARWIN P. BANICO Name of Person	_		
Firm/Company	_		
107 NADO RD. Address			
TALLKHASSEE FLORIDA 72717 City/State and Zip Code			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
DARWIN BANICO at (856 Name of Person) 274 (e024) Area Code & Daytime Telephone Number		
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		
Enclosed is a check for the following amount:			
□ \$25 Filing Fee □ \$55	5 Filing Fee & Certified Copy		



January 17, 2025

DB HANDYMAN AND COURIER SERVICES LLC 197 NABB RD TALLAHASSEE, FL 32317 US

SUBJECT: DB HANDYMAN AND COURIER SERVICES LLC

Ref. Number: L24000004282

Our records indicate the registered agent for the above named limited liability company resigned on December 13, 2024 and that the limited liability company currently does not have a registered agent designated.

Chapter 605, Florida Statutes, requires this office to give 60 days notice of objection intent to dissolve a limited liability company for failure to appoint and maintain a registered agent.

This letter is our notice of intent to dissolve the above named limited liability company 60 days from the date of this letter if a registered agent is not properly designated.

Please designate a new registered agent by doing one of the following: 1) complete the enclosed registered agent designation form, 2) file the current year annual report (if applicable) or 3) file an amended annual report (again, if applicable). Each one of these filings must be submitted with the appropriate filing fee.

If you should need any further information, please contact our office at (850) 245-6050.

Division of Corporations Letter Number: 825A00001332

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116. Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Na	me of the limited liability company: DB HANDYMIAN AND COURIER SERVICES LLO
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
3. 5. (a)	Date of filing/registration in Florida UNITED STATES CORPORATION AGENTS, INC. Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
(b)	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 47 (PRIVERGIDE AVE. JACKSONVILLE FL 32202 DARWIN P. BANICO Enter name of NEW Registered Agent and/or NEW Registered Office address: NEW Registered Office Address:
	NEW Registered Office Address: 197 NABB RD. TALLAHASSEE .FL 32317
change agent w was/we	mited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the or changes are made, the Florida street address of the registered office and the business office of the registered fill be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) re authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in cles of organization or the operating agreement of the limited liability company. DAZMIN P. BANICO Brinted or typed name of signee
I herel, provision the obling to mere notifica	Printed or typed name of signee by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the bins of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept gations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed ly reflect a change in the registered office address, I hereby confirm that the limited liability company has been in writing of this change. Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00