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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: YU HANDY PY (Name of Limited)	205 LLC Liability Company)
The enclosed member, resignation or dissociatio	n and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to:
Yunie Dobuigny (Contact Person)	
YW HANDY PROS LL	
125 Wester Rd Stel	<u>54</u>
Weston F/- 3332 (City/State and Zip Code)	<u>.Co</u>
For further information concerning this matter, p	lease call:
(Name of Contact Person) at	(786) 445 7587 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to th	e Florida Department of State for: \$55 Filing Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations P.O. Box 6327	Street Address: Registration Section Division of Corporations The Centre 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 CONTRACTOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

1. The name of the	imited liability company as it appears on the records of the Florida Department
of State is:	crida.
2. The Florida docu	ment/registration number assigned to this limited liability company is:
<u>L23</u>	5000092931
3. The date this mer	nber/manager withdrew/resigned or will withdraw/resign is: <u>07-03-3</u> 5
4.1, Hoswald	me of Person Resigning), hereby withdraw/resign as a
	Print Title)
·	ility company and affirm the limited liability company has been notified of my
resignation in write	ing.
Signature of Dis	sociating Member or Resigning Manager
·	\$25.00 (Required) \$30.00 (Optional)
I MTILITARY I (NYNY)	NATIONAL (1900) (1901)