B1600019188

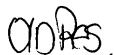
(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		





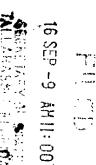
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SEP 1 5 2016

R. While



TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Roll Professional Hardyman Services (Name of Corporation)
DOCUMENT NUMBER:
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following: Output
(Name of Firm/Company)
314 Heartland PL (Address)
Mollecory FL 33860 (City/State and Zip Code)
For further information concerning this matter, please call:
$\frac{D_{9n1} - M_{or} + (863) + 602 - 9197}{\text{(Name of Person)} + 9/6/16} $ (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION

DANIEL MORT	
I, hereby resign as Director (Title)	
of R&D Professional Handyman Services. (Name of Corporation)	
(Document Number, if known) a corporation organized under the laws of the State of	
(Signature of resigning officer/director)	
16 SEP	4 14-
FILING FEE IS \$35,00	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

Make checks payable to Florida Department of State and mail to:

Amendment Section **Division of Corporations** P.O. Box 6327 Tallahassee, Florida 32314