L 220000 65753

| (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: |
| |
| |
| llmills |

Office Use Only



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· COVER LETTER

| TO: Registration Section Division of Corporations | |
|--|--|
| QUALITY WATER GUY, LLC SUBJECT: | |
| SUBJECT: (Name of Limited Liability C | ompany) |
| The enclosed member, resignation or dissociation and fee | |
| Please return all correspondence concerning this matter to |) : |
| TIFFANIE VARNADORE | |
| (Contact Person) | |
| QUALITY WATER GUY, LLC | |
| (Firm/Company) | _ |
| 15 Ryken Lane | |
| (Address) | |
| Palm Coast, FL 32164 | |
| (City/State and Zip Code) | - |
| For further information concerning this matter, please cal | 1: |
| TIFFANIE VARNADORE 863 | 224-0248 |
| (Name of Contact Person) (Area Coo | de & Daytime Telephone Number) |
| Enclosed please find a check made payable to the Florida | Department of State for: |
| ■ \$25 Filing Fee □ \$55 Fili | ng Fee & Certified Copy |
| Mailing Address: | Street Address: |
| Registration Section | Registration Section |
| Division of Corporations P.O. Box 6327 | Division of Corporations The Centre of Tallahassee |
| Tallahassee, FL 32314 | 2415 N. Monroe Street, Suite 81 |
| | Tallahassee, FL 32303 |



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

| | e limited liability company as | it appears on the records of the FI | orida-De tme | ent |
|---|---|---------------------------------------|------------------------------------|---------|
| | | ssigned to this limited liability com | AH 9: | |
| THER AND IN A | /ARNADORE | agned or will withdraw/resign is: _ | //13/ 2 023 <mark>/5</mark> | _ |
| (Print) Title MGR | Name of Person Resigning) | , hereby withdraw/resign as a | | |
| | (Print Title) | | | |
| of this limited lia resignation in w | | ne limited fiability company has be | en notified of r | ny |
| Signature of D | co. Variadore Dissociating Member or Resig | ning Manager | | |
| Filing Fee: | \$25.00 (Required) \$30.00 (Optional) | | | |