

L05000006104

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

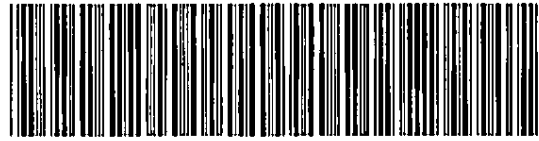
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700352468607

09/24/20--01013--025 \*\*25.00

FILED

2020 SEP 24 P 2:42

STATE BAR OF FLORIDA  
TALLAHASSEE, FLORIDA

10/29  
VS

10/30/20  
K

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SERV7 LLC  
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

RICK WELLS  
(Contact Person)

\_\_\_\_\_  
(Firm/Company)

14950 Laguna Drive  
(Address)

Fort Myers, FL 33908  
(City/State and Zip Code)

For further information concerning this matter, please call:

Richard Wells at (248) 982-2003  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

- \$25 Filing Fee                       \$55 Filing Fee & Certified Copy

**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



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)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: SERV 7 LLC

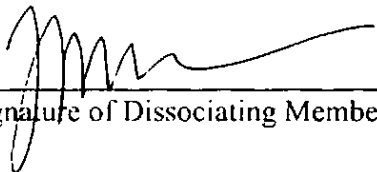
2. The Florida document/registration number assigned to this limited liability company is:  
L05000006104

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 9/21/2020

4. I, FRANK DI MARIA, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

MGRM  
*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

  
\_\_\_\_\_  
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
2020 SEP 24 P 2:42  
FILED