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(Requestor's Name)
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(Address)
(City/State/Zip/Phone #)
_
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
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06/01/21--01013--024 **25.00

2021 JUH-1 AH 10: 42

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Thoma Cutts (Name of Limite	Line Edge Services
The enclosed member, resignation or dissociat	ion and fee(s) are submitted for filing.
Please return all correspondence concerning th	is matter to:
Ronald Thoma (Contact Person)	
Thoma Cutting Edge .	SVES-
P. O. Box 186 (Address)	
City/State and Zip Code)	6
For further information concerning this matter	, please call:
Ron Thoma (Name of Contact Person)	at (<u>352</u>) <u>636 - 0540</u> (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee	the Florida Department of State for: ☐ \$55 Filing Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations	Street Address: Registration Section Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E079 (2/14)

Tallahassee, FL 32314

P.O. Box 6327



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)

		as it appears on the records of			
of State is:	homa Cuttine	g Edge Service	<u>es</u> 2	120	<u>-</u> .
		assigned to this limited liabili			
10600	CC91388				
3. The date this mer	mber/manager withdrew/re	signed or will withdraw/resig	gn is: <u></u>	-DS	<u>-2</u> \
4. 1, <u>All 500</u> (Print No	Thorn Ce ume of Person Resigning)	, hereby withdraw/resi	gn as a		
Authonza	d Member.				
of this limited liab	ility company and affirm ting.	the limited liability company	has been r	2021	of my
OX 11	lle		All Ass	- NOF	
Signature of Dis	sociating Member or Resi	gning Manager			
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		ATLORIDA	AM 10: 42	