L07000114007

(Rec	questor's Name)	
(Add	iress)	
(Add	lress)	
(City	//State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bus	iness Entity Nar	ne)
(Document Number)		
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



700437133647

10001.00 -01007-000 4:25.00

SECRETARY OF STATE

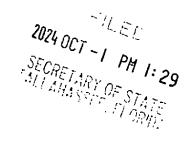
r 17.00

COVER LETTER

TO: Registration Section		
Division of Corporations		
SUBJECT: Donnie Myers RV Service LLC		
	nited Liability Co	mpany)
The enclosed member, resignation or dissoc	iation and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to:	
Donald Myers		
(Contact Person)		_
Donnie Myers RV Service LLC		
(Firm/Company)		
930 Monroe rd		
(Address)		
Sanford, Fl 32771		_
(City/State and Zip Code)		
For further information concerning this matt	er, please call:	
Donald Myers	_ at (<u>386</u>	473-9078
(Name of Contact Person)		& Daytime Telephone Number)
		0.00
Enclosed please find a check made payable		•
■ \$25 Filing Fee	□ 333 FIIIII	g 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 810 Tallahassee, FL 32303
		Tallallassee, FL 32303

CR2E079 (2/14)





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 lis	mited liability company as it appears on the records of the Florida Department
of State is: Donnie	Myers RV Service LLC
2. The Florida docum	nent/registration number assigned to this limited liability company is:
L07000114007	
3. The date this mem	ber/manager withdrew/resigned or will withdraw/resign is: 09/01/2024
4. 1, Tammy Myers (Print Nan	hereby withdraw/resign as a he of Person Resigning)
MGR (Pr	rint Title)
of this limited liabil resignation in writi	lity company and affirm the limited liability company has been notified of my ng.
Daminy	L Mury mer
Signature of Diss	ociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)