

# LO8000017153

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

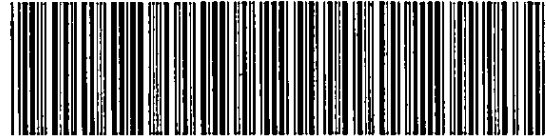
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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2019 FEB -4 AM 11:27  
FBI - WASHINGTON

**D. BRUCE**  
FEB 11 2019

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Keystone Quality Services  
(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:

Scott R. Thomas  
(Contact Person)

Keystone Quality Services  
(Firm/Company)

5694 Farrel Way  
(Address)

Milton, FL 32583  
(City/State and Zip Code)

For further information concerning this matter, please call:

Richard L Thomas at (228) 493-4426  
(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

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

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2019 FEB -4 AM 11: 27  
TALLAHASSEE, FLORIDA



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: Keystone Quality Services

2. The Florida document/registration number assigned to this limited liability company is:  
LO8000017153

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 01/01/2019

4. I, Richard L. Thomas, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

Member (MM)  
*(Print Title)*

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

*Richard L. Thomas*

Signature of Dissociating Member or Resigning Manager

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STATE OF FLORIDA  
DIVISION OF CORPORATIONS

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