

LO800C 109138

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

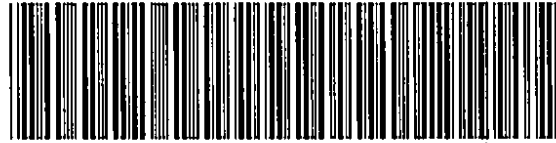
(Business Entity Name)

(Document Number)

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

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DIVISION 17 OCT 25 2017

17 OCT 25 PM 1:54

FILED

OCT 26 2017

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** DEAD-BUG DAVE PEST CONTROL 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:

DAVID A. VAN ASDALE III

\_\_\_\_\_  
(Contact Person)

DEAD-BUG DAVE PEST CONTROL LLC

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

4995 N. COCOA BLVD. #157

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

COCOA, FL 32927

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

DAVID A. VAN ASDALE III

321 368-3888

\_\_\_\_\_  
(Name of Contact Person) at (\_\_\_\_\_) \_\_\_\_\_  
(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



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)

17-061-25 PH 1:58  
DIVISION OF CORPORATIONS

FILED

1. The name of the limited liability company as it appears on the records of the Florida Department  
of State is: DEAD-BUG DAVE PEST CONTROL LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L-08000109138

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 10-22-2017

4. I, AMY C. VAN ASDALE, hereby withdraw/resign as a  
(Print Name of Person Resigning)  
MANAGER  
(Print Title)

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

Amy C. Van Asdale

Signature of Dissociating Member or Resigning Manager

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