

1/10/2018

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : JAMES ACCOUNTING & TAX PRACTICE, INC.
Account Number : I20000000159
Phone : (305)595-2886
Fax Number : (305)595-2898

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
DOUGLAS PEST CONTROL LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

RECEIVED

JAN 12 2018

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: Douglas Pest Control LLC

2. The Florida document/registration number assigned to this limited liability company is:
L10000090018

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 07/31/2015

4. I, Shantel Jackson, hereby withdraw/resign as a
(Print Name of Person Resigning)

(Print Title)

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

A handwritten signature in cursive script, reading "Shantel Jackson", is written over a horizontal line.

Signature of Dissociating Member or Resigning Manager

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