

**L10000132559**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

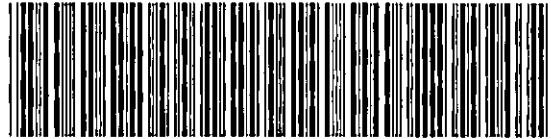
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



600317080546

R. WHITE  
AUG 27 2018

**FILED**  
2018 AUG 17 AM 9:10  
SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ABLE WRECKER & ROAD SERVICE, 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:

JOSEPH R PURSELL, SR.

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

ABLE WRECKER & ROAD SERVICE, LLC

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

714 E MAPLE STREET

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

ARCADIA, FL 34266

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

For further information concerning this matter, please call:

JOSEPH R PURSELL, SR

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

863

at (\_\_\_\_\_) \_\_\_\_\_

990-0645

(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)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: ABLE WRECKER & ROAD SERVICE, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L10000132559

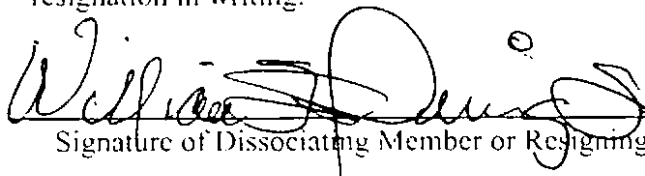
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 8/1/18

4. I, MARY JENNINGS, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

AMBR

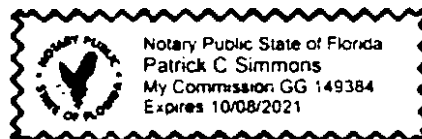
*(Print Title)*


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

  
Signature of Dissociating Member or Resigning Manager

**FILED**  
2018 AUG 17 AM 9:10  
SECRETARY OF STATE  
TALLAHASSEE, FL

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



  
8/8/18