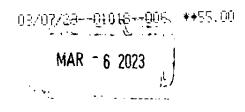
L11000035217

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Some Source)
(Document Number)
(Boddinent Namber)
Cadified Conies Codificator of Status
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
MAR = 6 7023
MAD = 0.0000
MAK 6 /0/3
519/16
) (3 (10)
·

Office Use Only



400403763254



023 MAR -6 AM 10: 02

COVER LETTER

Division of Corporations ONE SOURCE RELIABILITY RENTALS, 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: NICK CAMPARSCONE REGISTERED AGENT (Contact Person) OSR RENTALS, LLC (Firm/Company) 1360 SW 56TH AVENUE (Address) PLANTATION, FLORIDA 33317 (City/State and Zip Code) For further information concerning this matter, please call: NICK CAMPARSCONE (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: ☑ \$55 Filing Fee & Certified Copy ■ \$25 Filing Fee

Mailing Address:

TO: Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



FILED 2023 MAR -6 AM 10: 02

GEORETARY OF STATE FALLAHASSEF, FURRID

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)

	limited liability company as it appears on the records of the Florida Department SOURCE RELIABILITY RENTALS, LLC
2. The Florida docu	ment/registration number assigned to this limited liability company is:
DOUGDT LCO	mber/manager withdrew/resigned or will withdraw/resign is: KLEY
MANAGING ME	
of this limited lia resignation in wr	oility company and affirm the limited liability company has been notified of my ting.
Signature of Di	ssociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)