

L11000086701

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

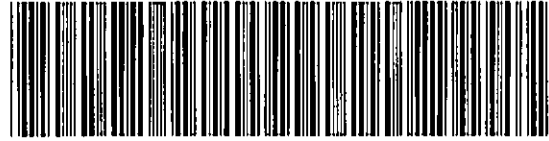
(Document Number)

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2021 OCT 11 PM 7:11

SECRETARY OF STATE  
TALLAHASSEE, FL 323

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** EDWING'S UNLIMITED SHUTTER SERVICES, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Carol Baillie, EA

Name of Person

M. H. Baillie & Associates, Inc.

Firm/Company

1500 NE 51 Street

Address

Fort Lauderdale, FL 33334-5710

City/State and Zip Code

mhbassociates@bellsouth.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carol Baillie, EA

954

491-5114

at ( )

Name of Person

Area Code & Daytime Telephone Number

**Mailing Address:**

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

**Enclosed is a check for the following amount:**

☐ \$25 Filing Fee

☒ \$55 Filing Fee & Certified Copy

② Docs  
② checks  
② changes/  
Amendment<sub>3</sub>



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SECRETARY OF STATE  
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: EDWING'S UNLIMITED SHUTTER SERVICES, LLC

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

L11000086701

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 09/15/2021

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

MGRM

*(Print Title)*

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

Edwing Sosa  
Signature of Dissociating Member or Resigning Manager

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