

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L2000020608

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To:

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

From:

Account Name : DAVIS, SCHNITKER, REEVES & BROWNING, P.A.
Account Number : I1998000057
Phone : (850)973-4186
Fax Number : (850)973-8564

****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
BTS TOWING & DIESEL REPAIR, LLC**

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M. SOLOMON
APR 11 2024

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COVER LETTER

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TO: Registration Section
Division of Corporations

SUBJECT: BTS TOWING & DIESEL REPAIR, 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:

AUSTIN ODOM

(Contact Person)

BTS TOWING & DIESEL REPAIR, LLC

(Firm/Company)

130 NE COTTONWOOD ST

(Address)

LEE, FLORIDA 32059

(City/State and Zip Code)

For further information concerning this matter, please call:

AUSTIN ODOM

(Name of Contact Person)

at (850) 672-3773

(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

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

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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: BTS TOWING & DIESEL REPAIR, LLC
2. The Florida document/registration number assigned to this limited liability company is: L12000020608
3. The date this member/manager withdrew/resigned or will withdraw/resign is: date of filing
4. I, Tracy Bowen, hereby withdraw/resign as a
(Print Name of Person Resigning)
Managing Member
(Print Title)

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

Tracy Bowen
Signature of Dissociating Member or Resigning Manager

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

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