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PICK-UP	WAIT MAIL
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Certified Copies	Certificates of Status
Special Instructions to Fil	ling Officer:
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COVER LETTER

PO: Registration Section Division of Corporations		
SRQ Asset Services LLC SUBJECT:		
	f Limited Liability (Company)
The enclosed member, resignation or dis	ssociation and fe	e(s) are submitted for filing.
Please return all correspondence concern	ning this matter t	o;
John Michailidis		
(Contact Person)		_
(Firm/Company)		
1008 Triano Cir		
(Address)		<u> </u>
Venice, F1, 34292		
(City/State and Zip Code)		
For further information concerning this i	matter, please ca	n:
John Michailidis	941 at (822-5221)
(Name of Contact Person)		de & Daytime Telephone Number)
Enclosed please find a check made payal S25 Filing Fee		a Department of State for: ing 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



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)

		s it appears on the records of the Flori	ida Depart	lment
	Asset Services LLC ument/registration number as	ssigned to this limited liability compa	my is:	
Linda I Michail	lidis	signed or will withdraw/resign is: 5/01, hereby withdraw/resign as a	/2023	_
Member	lame of Person Resigning) (Print Title)			
of this limited lia resignation in wr	bility company and affirm thiting.	e limited liability company has been	notified o	f my
Signature of D	X. Mi charlidis issociating Member or Resig	ning Manager		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		2023 MAY	