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(D.	equestor's Name)	
(Re	equestors Name)	7
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	÷ #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
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(DC	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: 100N TRASH Valet	ted Liability Company)
The enclosed member, managing member or filing.	manager resignation and fee(s) are submitted for
Please return all correspondence concerning t	his matter to:
JP BENICLO (Contact Person)	
,	
(Firm/Company)	
210 East Harding St (Address)	
(Address)	
O R (ANdo FC 32806 (City/State and Zip Code)	r, please call:
For further information concerning this matter	r, please call:
(Name of Contact Person)	at (407) 274 · 7444 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to \$\square\$ \$\square\$ \$\frac{1}{2}\$ \$\frac{1}{2}\$ Filing Fee	the Florida Department of State for: ☐ \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Tallahassee, Florida 32301

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	limited liability company as Icon Tazh Valet		of the Flor	rida Departn	nent
2. This limited liab	ility company was organized	l under the laws of:	}		
	ument/registration number of がってる。	this limited liability con	npany is:) } E
4. 1, /inon-	ane of Person Resigning)	hereby resign as a	Vice Pro	int Title)	i S
of this limited lial resignation in wri	pility company and affirm the	e limited liability compa	ny has beer	notified of	my
Signature of Resi	gning Member, Managing M	lember or Manager			
	\$25.00 (Required) \$30.00 (Optional)				