

L13000065047

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900302007129

08/03/17--01018--L24 \*\*2.00

FILED  
17 AUG -3 PM 4:20  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

S. WARREN

AUG 07 2017

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Ronson Recycling, 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:

James A. Byrne, Esquire  
(Contact Person)

(Firm/Company)

540 - 4th Street North  
(Address)

St. Petersburg, FL 33701  
(City/State and Zip Code)

For further information concerning this matter, please call:

James A. Byrne at (727) 898-3273  
(Name of Contact Person) (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

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314



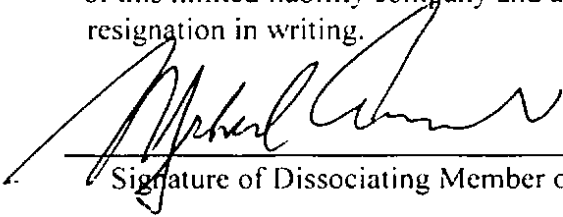
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**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: Ronson Recycling, LLC
2. The Florida document/registration number assigned to this limited liability company is:  
L13000065047
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 8/1/2017
4. I, Michael Accomando, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*  
Chairman  
*(Print Title)*

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



Signature of Dissociating Member or Resigning Manager

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

FILED  
17 AUG -3 PM 4:20  
DIVISION OF STATE  
TALLAHASSEE, FLORIDA