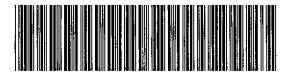
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section Division of Corporations

SVBJECT: Application of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please teturn all correspondence concerning this matter to:

Matthew Rousey
(Contact Person)

Appliance Medic LLC
(Firm Company)

P.O. Box 943
(Address)

Lehigh Awes Fl. 33920
(City State and Zip Code)

For further information concerning this matter, please call:

Matthew Rousey at (239) 245-25/3
(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 Cucle Tallabassee, Florida 32301

CR28079 (5.06)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, Florida 32314

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FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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

1 The name of the limited liability company as it appears on the records of the Florida Department
of State is. Appliance Marie LLC
2. This limited liability company was organized under the laws of:
je ka
3. The Florida document registration number of this limited liability company is:
213000071881
4. L. Devon Plante hereby resign as a Depart of the little
(Print Name of Person Resigning) Print Island
of this limited liability company and affirm the limited liability company has been nonfied of my
resignation in writing.
Signature of Resigning Member, Managing Member or Manager
Filing Fee. \$25.00 (Required)
Certified Copy: \$30,00 (Optional)