## 115000044638

(Requestor's Name)				
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(Ac	ldress)			
(Ac	ldress)			
(Cil	ty/State/Zip/Phone	e #)		
	· ·	<i>,</i>		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
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	<u>January </u>			
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Cp a/3/2024

## **COVER LETTER**

Registration Section Division of Corporations TO:

SUBJECT: Quality Termite and Pest Contro	I, LLC				
(Name of Limited Liability Company)					
The enclosed member, resignation or dis-	sociation and fe	e(s) are submitted for filing.			
Please return all correspondence concern	ing this matter t	o:			
Scott J. Weiselberg					
(Contact Person)		<del></del>			
Kopelowitz Ostrow, PA					
(Firm/Company)		_			
One West Las Olas Boulevard, Suite 500					
(Address)		<del>_</del>			
Fort Lauderdale, FL 33301					
(City/State and Zip Code)	<u> </u>	_			
For further information concerning this n	natter, please ca	II:			
Scott J. Weiselberg	954 at (	525-4100			
(Name of Contact Person)	(Area Co	de & Daytime Telephone Number)			
Enclosed please find a check made payab	ole to the Florida	Department of State for:			
■ \$25 Filing Fee	□ \$55 Fili	ng 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

CR2E079 (2/14)



## 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)

	the limited liability company as it		Florida Department
of State is:	ruality Termite and Pest Control, LLC		·
2. The Florida d	locument/registration number assi	gned to this limited liability co	ompany is:
3. The date this	member/manager withdrew/resign	ned or will withdraw/resign is	:
4. I, Mark Cohen	nt Name of Person Resigning)	, hereby withdraw/resign a	s a
(Prii Managing Me			
<del></del>	(Print Title)		
of this limited resignation in	liability company and affirm the l writing.	limited liability company has	been notified of my
	MILL		
Signature of	f Dissociating Member or Resignii	ng Manager	
Filing Fee:	\$25.00 (Required)		