

L15000113084

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

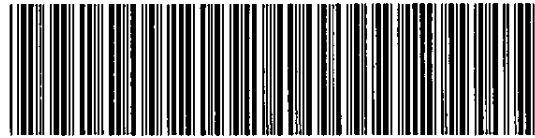
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/11/15--01022--015 **25.00

FILED
2015 SEP 14 AM 10:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
15 SEP 14 PM 2:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

September 1, 2015

LOUISE GRELLA
20788 SW PEACOCK DRIVE
DUNNELLON, FL 34431-3540

SUBJECT: S + W SPRITZ AND SHINE LIMITED LIABILITY COMPANY
Ref. Number: L15000113084

We have received your document for S + W SPRITZ AND SHINE LIMITED LIABILITY COMPANY and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Based upon your description in #4. Are you sure you are wanting to dissolve the LLC or just file a Resignation. I am enclosing the Dissociation/Resignation form. If not change the Description in #4.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan
Regulatory Specialist II

Letter Number: 315A00017047

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: S + W Spritz and Shine
(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:

Sarah ^{Lynn} Jones
(Contact Person)

S + W Spritz and Shine
(Firm/Company)

116335 SW 19th St
(Address)

Ocala, FL 34481
(City/State and Zip Code)

For further information concerning this matter, please call:

Sarah Lynn Jones at (352) 322-9474
(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



FILED

2015 SEP 14 AM 10:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: S + W Spritz and Shine Limited Liability Company

2. The Florida document/registration number assigned to this limited liability company is:

L15000113084

3. The date this member/manager withdrew/resigned or will withdraw/resign is: July 2015

4. I, Louise Grella, hereby withdraw/resign as a

(Print Name of Person Resigning)

Manager / Business Owner

(Print Title)

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

Louise Grella

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)

Certified Copy: \$30.00 (Optional)