(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAII	L
(Business Entity Name)	
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(Document Number)	
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Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	





COVER LETTER

TO: Registration Section
Division of Corporations
SUBJECT: Wyatt's Contracting Services 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:
Neil Eaker (Contact Person)
Wyatt's Contracting Services, LLC (Firm/Company)
86112 Venetian Ave
Yulee FL 32097 (City/State and Zip Code)
For further information concerning this matter, please call:
Wyath Smith at (319) 558-6125 (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

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



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	s it appears on the records of the	e Florida E	eparti	nent
of State is: W	yatt's Contracting	Services, LLC			 ·
	9	ssigned to this limited liability	company i	s:	
L150001	84176	·			
3. The date this me	mber/manager withdrew/res	signed or will withdraw/resign i	s: 8/1/	202	1
4. 1, Neil	T 1/	, hereby withdraw/resign			
Memb	er				
		ne limited liability company has	been noti <u>∽</u>	_	`my
	Eaker		ECRETA TALLA!	2021 SEP 13	
Signature of Di	ssociating Member or Resig	gning Manager	15 75 E	=	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
•	\$25.00 (Required) \$30.00 (Optional)			9: 5 0	أتويع