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K. SALY EXAMINER

APK -4

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: QUALITY INSTESSITEM OF ORLANDO (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:		
JONATHW SIMPKWS (Contact Person)		
(Firm/Company)		
P.O. BOX 1556 (Address)		
WINIMMEN6 FLONIDA 34786 (City/State and Zip Code)		
For further information concerning this matter, please call:		
TONATHW SIMPKINS at (407) 467 4397 (Name of Contact Person) (Area Code & Daytime Telephone Number)		
Enclosed please find a check made payable to the Florida Department of State for: 2 \$25 Filing Fee \$\sum \\$55 Filing Fee & Certified Copy		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clifton Building P.O. Box 6327 Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		

CR2E079 (2/14)







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: QUALITY INRIGATION OF ORLANDO.
2. The Florida document/registration number assigned to this limited liability company is:
810803428 LI50W207024
3. The date this member/manager withdrew/resigned or will withdraw/resign is: MARCIA 29th, 201
4. I, JONATHW SIMPKWS, hereby withdraw/resign as a (Print Name of Person Resigning)
MANASW6 MEMBER. (Print Title)
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.
South Starle
Signature of Dissociating Member or Resigning Manager
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)