

11600000 62224

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800323211378

01/29/19 PM 12:16 40,000

JAN 30 2019
S. YOUNG

FILED
TALLAHASSEE, FLORIDA

19 JAN 26 PM 8:17

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TOTAL SERVICES SAN DIEGO 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:

Carlos Rios

(Contact Person)

~ / 4
(Firm/Company)

3443 Victoria Pines Drive

(Address)

Orlando, FL 32829

(City/State and Zip Code)

For further information concerning this matter, please call:

Carlos Rios

at (321) 315-4465

(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



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: TOTAL SERVICES SAN DIEGO LLC

2. The Florida document/registration number assigned to this limited liability company is:
L16000062224

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 05/13/2018

4. I, Carlos A. Rios, hereby withdraw/resign as a
(Print Name of Person Resigning)

MGR

(Print Title)

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

[Signature]
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

19 JAN 24 AM 8:17
TALLAHASSEE, FLORIDA