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COVER LETTER				
TO: Régistration Section Division of Corporations				
SUBJECT: Pressure Perfect LLC				
(Name of	Limited Liability	Сотрапу)		
The enclosed member, resignation or diss	ociation and fe	ee(s) are submitted for filing.		
Please return all correspondence concerni	ng this matter	to:		
Stanley Labady				
(Contact Person)				
Pressure Perfect				
(Firm/Company)				
7883 Fruitville Road				
(Address)				
Sarasota, FL 34240				
(City/State and Zip Code)		<u> </u>		
For further information concerning this m	atter, please ca	ili:		
Stanley Labady	941 at (3023405		
(Name of Contact Person)		ode & Daytime Telephone Number)		
Enclosed please find a check made payabl ☐ \$25 Filing Fee		a Department of State for: ing 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		



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 name of the limited liability company as it a of State is: Pressure Perfect LLC	appears on the records of the Florida Department
2. The Florida document/registration number assig	ned to this limited liability company is:
3. The date this member/manager withdrew/resign 4. I,	
(Print Name of Person Resigning) Vice President	, nereby withdraw/resign as a
(Print Title) of this limited liability company and affirm the liresignation in writing.	2021 DI
Signature of Dissociating Member or Resigning	g Manager
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	