

L17600007718

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

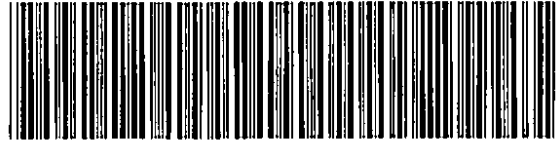
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
2021 MAR 12 AM 7:44  
TACOMA, WA

D. BRUCE  
MAY 19 2021

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Around the Clock Deals 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:

Shirley Lawrence  
(Contact Person)

\_\_\_\_\_  
(Firm/Company)

3001 NW 8th Place  
(Address)

Cape Coral FL 33993  
(City/State and Zip Code)

For further information concerning this matter, please call:

Robert Agron at (239) 810-3993  
(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

**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

2021 MAR 12 AM 7:45

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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: Around the Clock Deals LLC

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

117000007718

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 12/31/2020

4. I, Shirley Lawrence, hereby withdraw/resign as a  
(Print Name of Person Resigning)

MGR - member  
(Print Title)

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

Shirley Lawrence Shirley L. Lawrence  
Signature of Dissociating Member or Resigning Manager

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

STATE OF FLORIDA COUNTY OF LEE  
The foregoing instrument was acknowledged before me by means of  
☒ physical presence or ☐ online notarization, this 9 day of March  
2021, by Shirley Lawrence who is ☐ personally known to  
me or ☒ who has produced FLDL as identification.  
Judy MacDonald  
(Notary stamp) (Signature of person taking acknowledgement)

(Name typed, printed or stamped)

