117000017265

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	//State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Na	me)
(Doe	cument Number))
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SECRETARY OF STATE
TALL ANASCEE FROM

K. SALY MAR - 9 2018

COVER LETTER

Division of Corporations	
SUBJECT: July Services (Name of Limi	ted Liability Company)
The enclosed member, resignation or dissocia	ation and fee(s) are submitted for filing.
Please return all correspondence concerning t	his matter to:
Maria Buchwald (Contact Person)	
July Services, LLC (Firm/Company)	······································
431 Timbercreek Dr N (Address)	
Winter Garden Ft 3478 (City/State and Zip Code)	
For further information concerning this matte	r, please call:
Marla Buchwald	at (407) 234-8835 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Tallahassee, Florida 32301

CR2E079 (2/14)





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:	uly Services, LLC
2. The Florida docu	ment/registration number assigned to this limited liability company is:
L 170000	17265
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is: 360000
	M Buchwald, hereby withdraw/resign as a ame of Person Resigning)
MG	(Print Title)
of this limited lial resignation in wri	bility company and affirm the limited liability company has been notified of my iting.
Bracu	e H Bulwall
	ssociating Member or Resigning Manager
_	\$25.00 (Required)
Certified Conv	\$30.00 (Ontional)