

L17000031048

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

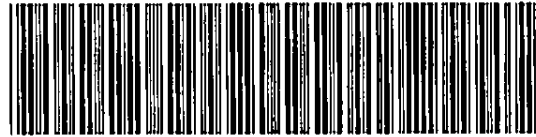
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200301750022

07/27/17--01012--019 **25.00

FILED

2017 JUL 27 P 2:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

n BRUCE
AUG 01 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Bryan Brothers Pressure Washing 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:

Austin Bryan
(Contact Person)

Bryan Brothers Pressure Washing
(Firm/Company)

11290 NE 80th Ave
(Address)

Bronson, FL 32621
(City/State and Zip Code)

For further information concerning this matter, please call:

Austin Bryan at (321) 774-7150
(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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2017 JUL 27 P 2:18

FILED



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: Bryan Brothers Pressure Washing LLC.

2. The Florida document/registration number assigned to this limited liability company is:
L17000031048

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 7/2/17

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

Manager
(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

FILED
2017 JUL 23 P 2:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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