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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Trash Day Valet L.L. (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:	
Shagnen Wellen (Contact Person)	
Trash Day Valet L.LC (Firm/Company)	
3757 Fairview Core Luapt 201	
Tampa FL 33619 (City/State and Zip Code)	2017 . 7ALLA
For further information concerning this matter, please call:	HASSI
Shaguer Willen at (8/3) 766- (Name of Contact Person) (Area Code & Daytime Telep	9229 Dohone stumbers
Enclosed please find a check made payable to the Florida Department of St. \$25 Filing Fee \$\Bigsim \$55 Filing Fee & Certified	
STREET/COURIER ADDRESS: MAILING AD Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327	ection

Tallahassee, Florida 32314

2661 Executive Center Circle

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	s it appears on the re	ecords of the Florid	a Department	
of State is: $\sqrt{r}$	-ash Day Val	et LLC		·	
2. The Florida doc	ument/registration number a	ssigned to this limit	ted liability compan	ıy is:	
L17000	0052822	·			
3. The date this mo	ember/manager withdrew/res	signed or will withd		y 29th 2	017
4. I,	lame of Person Resigning)	, hereby witho	draw/resign as a		
	ed Person. (Print Title)				
resignation in wr	bility company and affirm the iting.	ne limited liability c	ompany has been n	otified of my	
	issociating Member or Resig	ning Manager	_		
Filing Fee:	\$25.00 (Required) \$30.00 (Optional)	àumg manager	TALLAHASSEE, FLO	FILED	