## L17000142617

| (Requestor's Name)        |                 |           |  |
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| (City/State/Zip/Phone #)  |                 |           |  |
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| ☐ PICK-OP                 | ☐ WAII          | IMAIL     |  |
|                           |                 |           |  |
| (Business Entity Name)    |                 |           |  |
|                           |                 |           |  |
| (Document Number)         |                 |           |  |
| •                         | ,               |           |  |
| Carliford Carlina         | 0 45 6          |           |  |
| Certified Copies          | Certificates    | or Status |  |
|                           |                 |           |  |
| Special Instructions to F | iling Officer:  |           |  |
|                           |                 |           |  |
|                           |                 |           |  |
|                           | s subsection of | •         |  |
|                           | 6CT 181         | 023       |  |
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2023 SEP 28 AMII: 31 Secretives of STATE

## COVER LETTER

| Division of Corporations                        |  |
|---|--|
|   |  |
| SUBJECT: PREMIER WASTE SPECIALISTS. L           |  |
| (Name of Limit                                  | ted Liability Company)                     |
| The enclosed member, resignation or dissocia    | ition and fee(s) are submitted for filing. |
| Please return all correspondence concerning the | his matter to:                             |
| Carlos A romero Jr                              |  |
| (Contact Person)                                |  |
| Post & Romero LLC                               |  |
| (Firm/Company)                                  |  |
| 804 South Douglas Road, Suite 365               |  |
| (Address)                                       |  |
| Coral Gables, FL 33134                          |  |
| (City/State and Zip Code)                       |  |
| For further information concerning this matter  | r, please call:                            |
| carlos a romero jr                              | at (305 ) 445-0014                         |
| (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         |
| Matting Addison                                 |  |
| Mailing Address: Registration Section           | Street Address: Registration Section       |
| Division of Corporations                        | Division of Corporations                   |
| P.O. Box 6327                                   | The Centre of Tallahassee                  |
| Tallahassee, FL 32314                           | 2415 N. Monroe Street, Suite 810           |
|   | Tallahassee, FL 32303                      |

CR2E079 (2/14)

TO: Registration Section





## 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 |
|--|---|---|
|  | MIER WASTE SPECIALISTS, LL                        |   |
| 2. The Florida doc                       | ument/registration number ass                     | signed to this limited liability company is:        |
| 17000142617                              |   | ·   |
| 3. The date this me                      | ember/manager withdrew/resig                      | gned or will withdraw/resign is: Sept I 2023        |
| 4. 1. Carmen Franco (Print N             | 'ame of Person Resigning)                         | , hereby withdraw/resign as a                       |
| Member                                   | (Print Title)                                     |   |
| of this limited lia<br>resignation in wr | bility company and affirm the                     | limited liability company has been notified of my   |
| Filing Fee:                              | ssociating-Member or Resign<br>\$25.00 (Required) | ing Manager   |
| Certified Copy:                          | \$30.00 (Ontional)                                |   |