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COVER LETTER

4	egistration Section vision of Corporations				
\$UBJECT:	T:	SRVC LLC			
1	(Name of	(Name of Limited Liability Company)			
The enclos	sed member, resignation or dis	sociation and fee(s	s) are submitted for filing.		
Please retu	urn all correspondence concern	ing this matter to:			
ANNETT	E MANTIA				
	(Contact Person)		_		
DOOR T	O DUMPSTER SRVC LLC				
	(Firm/Company)		-		
[2101 VIS	STA PARKWAY SUITE 120				
	(Address)		_		
 WEST P	ALM BEACH FLORIDA 334	\$ 11			
	(City/State and Zip Code)				
 For furthe 	r information concerning this r	natter, please call:			
FRED FL	ETCHER	561 - at (644-5963		
	(Name of Contact Person)		& Daytime Telephone Number)		
Enclosed \$25 File	please find a check made payaling Fee		Department of State for: g Fee & Certified Copy		
	COURIER ADDRESS:		MAILING ADDRESS:		
_	on Section of Corporations		Registration Section Division of Corporations		
Clifton Bu	•		P.O. Box 6327		
	cutive Center Circle		Tallahassee, Florida 32314		
Tallahasse	ee, 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)

The name of the	e limited liability company as	it appears on the records of the Flor	ida Department
of State is:	OOR TO DUMPSTER SRVC	E. LLC	
2 The Florida do L170001497	_	signed to this limited liability comp	any is:
The date this n	nember/manager withdrew/resi	gned or will withdraw/resign is: 7-5	5-2018
4. I. ANNETTE	MANTIA Name of Person Resigning)	, hereby withdraw/resign as a	
AMBR			٦
	(Print Title)		
of this limited li resignation in v		e limited liability company has been	notified of my
anni	te Martia		
Signature of I	Dissociating Member or Resign	ning Manager	
 Filing Fee:	\$25.00 (Required)		
Certified Conv:	\$30.00 (Optional)		