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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
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COVER LETTER

COVER LI	Ello LA	
TO: Registration Section Division of Corporations		20 77.
SUBJECT: Brown and (Name of Limited L.	Dustpan iability Company)	Mainteana Ital
The enclosed member, resignation or dissociation	and fee(s) are submit	ated for filing.
Please return all correspondence concerning this r	natter to:	
Sherie Cox (Contact Person)		
Brown d Dustpan (Firm/Company)		
4678 Cerny Rd.		
Pensacala FL 3252 (City/State and Zip Code)	<u> </u>	
For further information concerning this matter, ple	ease call:	
at (Name of Contact Person) (2))	Telephone Number)
Enclosed please find a check made payable to the ☐ \$25 Filing Fee ☐ \$	Florida Department of \$55 Filing Fee & Cert	
STREET/COURIER ADDRESS: Registration Section	MAILING Registratio	ADDRESS: n Section

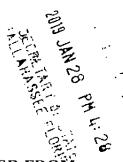
Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

CR2E079 (2/14)

Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314



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 th	e limited liabilit	y company	as it appears on th	e records of the Florida I	Department	
of State is:	Brown	and	Duston	Mainteance	UC.	
2. The Florida doo	cument/registrat	ion number	r assigned to this li	mited liability company	is:	
L17000	5169991	2				
3. The date this m	ember/manager	withdrew/i	resigned or will wi	thdraw/resign is: 12]	20/18	
4.1. Ster	Name of Person Re	lery signing)	, hereby w	ithdraw/resign as a		
. Manag	(Print Title)	<u>.</u>	·			
of this limited li- resignation in w		and affirm	the limited liabilit	y company has been not	fied of my	
1	Items	0 []	lla			
Signature of L	dissociating Mer	nber or Re	signing Manager			
Filing Fee:	•					
Certified Copy:	\$30.00 (Optional)					