K170002Z06Z7

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Rusiness Entity Name)			
(Business Entity Name)			
(Document Number)			
(Bocament Namber)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
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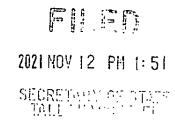
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COVER LETTER

_	istration Section ision of Corporations			
21.	.s.o. or corporations			
SUBJECT	Clean Wave Car Wash, LLC			
300000	(Name of Limited Liability Company)			
The enclose	ed member, resignation or dissoc	ciation and fee(s) are submitted for filing.		
Please retur	n all correspondence concerning	this matter to:		
James B. Abr	ril, Esq.			
	(Contact Person)			
Balocco & A	bril, PLLC			
	(Firm/Company)			
4332 East Tra	adewinds Avenue			
	(Address)			
Lauderdale-B	y-The-Sea, FL 33308			
	(City/State and Zip Code)			
For further	information concerning this mat	ter, please call:		
Jim Abril		954 399-4278 at ()		
()	Name of Contact Person)	(Area Code & Daytime Telephone Number)		
		to the Florida Department of State for:		
■ \$25 Filir	ng ree	☐ \$55 Filing Fee & Certified Copy		
	ing Address: istration Section	Street Address: Registration Section		
	sion of Corporations	Division of Corporations		
	Box 6327	The Centre of Tallahassee		
	ahassee, FL 32314	2415 N. Monroe Street, Suite 810		
		Tallahassee, FL 32303		





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)

	ne limited liability company as an Wave Car Wash, LLC	it appears on the records of the Florida Department
2. The Florida do	cument/registration number as	signed to this limited liability company is:
L17000220627		
3. The date this n	nember/manager withdrew/resi	gned or will withdraw/resign is: September £2021
		, hereby withdraw/resign as a
(Print	Name of Person Resigning)	
Manager and M		
	(Print Title)	
of this limited leading resignation in v	• •	e limited liability company has been notified of my
	Dulaul	
Signature of I	Dissociating Member or Resign	ning Manager
Filing Fee:	\$25.00 (Required)	
Certified Convi	\$30.00 (Optional)	