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COVER LETTER

Division of Corporations	,
PROCTOR SERVICE LLC SUBJECT:	
(Name of Limi	ted Liability Company)
The enclosed member, resignation or dissocia	ation and fee(s) are submitted for filing.
Please return all correspondence concerning t	his matter to:
CESAR ACUNA	
(Contact Person)	
PROCTOR SERVICE LLC	
(Firm/Company)	
3791 Plajnviau dr	
Orlando/Florida/: (City/State and Zip Code)	32824
For further information concerning this matte	r. please call:
Falid Gubaira (Name of Contact Person)	at (321) 666 1831 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to \$\Bigsize \$25 Filing Fee	the Florida Department of State for: ☐ \$55 Filing Fee & Certified Copy
Mailing Address:	Street Address:
Registration Section Division of Corporations	Registration Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E079 (2/14)

Tallahassee, FL 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)

				f the Floric	ia Dep	artment	
800.06	Selv	ice	LLC			·	
-	•	ned to this	limited liabil	lity compar	ny is:		
mber/manager w	ithdrew/resign	ed or will v	withdraw/resi	gn is: <u></u>	9/0	<u>1/2</u> 0	20
EACUN	a Gallano	70. hereby	withdraw/res	ign as a			
Print Tule)	·						
	nd affirm the li	mited liabi	lity company	has been r	notified	l of my	
ssociating Memb	er or Resignin	g Manager		:	2021		
					0001 13 PM		
	ment/registration A A Common Resignation The A Common Resignation T	ment/registration number assignment/registration number/registration number/registration number/registration number/registration number/registration number/registration number assignment/registration number/registration number/regist	ment/registration number assigned to this 474814 mber/manager withdrew/resigned or will was a large hereby ame of Person Resigning) Print Tule) ssociating Member or Resigning Manager \$25.00 (Required)	ment/registration number assigned to this limited liabil and the state of the state	ment/registration number assigned to this limited liability compared to the limited liability company has been recompared to the liability company has been	ment/registration number assigned to this limited liability company is: 147484 mber/manager withdrew/resigned or will withdraw/resign is: 15970 The Acomo Gallongo hereby withdraw/resign as a same of Person Resigning) Prim Tule) polity company and affirm the limited liability company has been notified ting ssociating Member or Resigning Manager \$25.00 (Required) \$30.00 (Optional)	ment/registration number assigned to this limited liability company is: 1474 814 mber/manager withdrew/resigned or will withdraw/resign is: 09/01/20 15 A C A Gallange hereby withdraw/resign as a ame of Person Resigning) Prim Tule) oility company and affirm the limited liability company has been notified of my ting ssociating Member or Resigning Manager \$25.00 (Required) \$30.00 (Optional)