

118 0000 56208

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

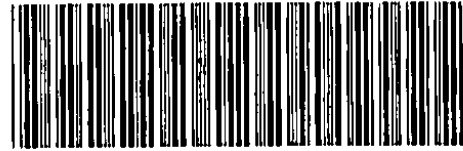
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



7003343352

09/18/19--01011--010

SEP 19 2019  
FALL ARIZONA  
CORP

SULKER

SEP 30 2019

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Wizard Spray Services LLC.

(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Sergio de Quesada

(Contact Person)

Wizard Spray Services LLC.

(Firm/Company)

1221 Footprint Ct

(Address)

Castle Rock, Co 80109

(City/State and Zip Code)

For further information concerning this matter, please call:

Sergio de Quesada

at (720) 431-2916

(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

**STREET/COURIER ADDRESS:**

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

**MAILING ADDRESS:**

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



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER F  
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 D  
of State is: Wizard Spray Services LLC

2. The Florida document/registration number assigned to this limited liability company is  
L18000056208

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 07/15/2

4. I, Sergio de Quesada, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

Manager

*(Print Title)*

of this limited liability company and affirm the limited liability company has been notif  
resignation in writing.

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)