

L1800011759C

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

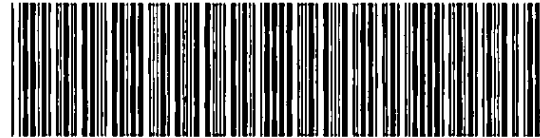
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



100356473521

01/15/21--01025--008 \*\*25.00

FILED  
2021 JAN 15 AM 7:04  
CLERK OF COURT  
JAN 15 2021

O SIMMONS

FEB 23 2021

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: LAB TESTING SOLUTIONS  
(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:

Rosalyn Ulysse  
(Contact Person)

LAB TESTING SOLUTIONS  
(Firm/Company)

8601 Placida Road #834  
(Address)

Placida, FL 33946  
(City/State and Zip Code)

For further information concerning this matter, please call:

Rosalyn Ulysse at (786) 501 3952  
(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

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

FILED

2021 JAN 15 AM 7:04

SPRINGFIELD, FL

**DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM  
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 Department

of State is: LAB TESTING SOLUTIONS

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

L18000117590

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 1/8/2021

4. I, SHAQUILLA ADDERLY, 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 notified of my  
resignation in writing.

Shaquilla Adderly

Signature of Dissociating Member or Resigning Manager

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