

L18000 244729

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

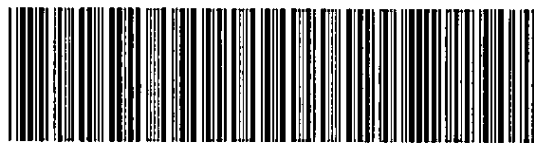
(Business Entity Name)

(Document Number)

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

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S TALLENT  
JUN 05 2019

*Diss/Resign  
member*

2019 MAY 20 PM 3:04  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Reliable Complete 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:

Jones, Brian A  
(Contact Person)

Reliable Complete Services LLC  
(Firm/Company)

2605 MANASOTA BEACH ROAD  
(Address)

Englewood, FL 34223  
(City/State and Zip Code)

For further information concerning this matter, please call:

John P Izzo at (941) 681-5766  
(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 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: Reliable Complete Services LLC

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

L180000244729

3. The date this member/manager withdrew/resigned or will withdraw/resign is: MAY 15 2019

4. I, Rehsteiner, Gwenneth Sue, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

Authorized Representative  
*(Print Title)*

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

Rehsteiner, Gwenneth Sue

Signature of Dissociating Member or Resigning Manager

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

**FILED**  
2019 MAY 20 PM 3:04  
SECRETARY OF STATE  
TALLAHASSEE, FL