

L19000019586

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

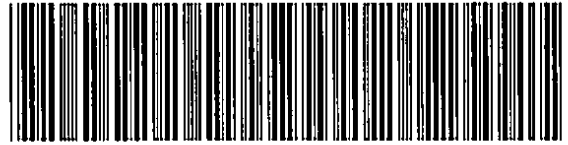
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



300330178123

06/10/19--01032--037 \*\*50.00

FILED  
19 JUN 10 AM 9:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUN 22 2019

T SCHROEDER

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Quick Dump SWFL, 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:

Edward L. Wotitzky, Esq.

(Contact Person)

Wotitzky, Wotitzky, Ross, McKinley & Young, P.A.

(Firm/Company)

1107 W. Marion Avenue, Unit 111

(Address)

Punta Gorda, FL 33950

(City/State and Zip Code)

For further information concerning this matter, please call:

Edward L. Wotitzky, Esq.

(Name of Contact Person)

at ( 941 ) 639-2171  
(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)

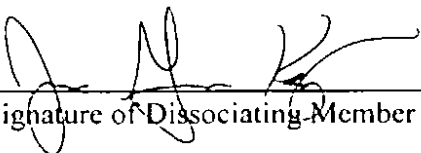
1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Quick Dump SWFL, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L19000019586

3. The date this member/manager withdrew/resigned or will withdraw/resign is: June 6, 2019

4. I, John G. Kizer, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*  
Manager and Member  
*(Print Title)*

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

  
Signature of Dissociating Member or Resigning Manager

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

FILED  
19 JUN 10 AM 9:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA