L190000 19713

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Eddiness Entry Harre)
(Document Number)
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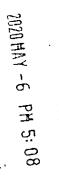
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COVER LETTER

Division of Corporations	
FIND MY LEAK LLC SUBJECT:	
(Name of	Limited Liability Company)
The enclosed member, resignation or diss	sociation and fee(s) are submitted for filing.
Please return all correspondence concerni	ing this matter to:
DANIEL BEDERAK	
(Contact Person)	
FIND MY LEAK LLC	
(Firm/Company)	
1544 SE CROWBERRY DR	
(Address)	
PORT ST LUCIE, FL 34983	
(City/State and Zip Code)	
For further information concerning this m	natter, please call:
DANIEL BEDERAK	772 607-3667 at ()
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payab	le to the Florida Department of State for:
□ \$25 Filing Fee	☐ \$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
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303



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)

	, ,	s it appears on the records of the Flori	•
L19000019713	ument/registration number a	ssigned to this limited liability compa	ny is:
		signed or will withdraw/resign is:	8/2020
4. I, ADOLFO I LOPEZ (Print Name of Person Resigning)		, hereby withdraw/resign as a	
VP	eame of t Oson Resigning)		
	(Print Title)		
of this limited lia resignation in wr		ne limited liability company has been i	notified of my
Signature of D	issociating Member or Resig	ning Manager	
	\$25.00 (Required) \$30.00 (Optional)		2020 HA