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SECRETARY OF STATE

Y SULKER OCT 2 1 2019

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Crown Disposal (Name of L	+ Hauling	446
(Name of L	amited Liability Co	ompany)
The enclosed member, resignation or disso	ociation and fee	(s) are submitted for filing.
Please return all correspondence concernir	ng this matter to	:
Matthew 5 15 inay (Contact Person)		
(Contact Person)		
Crown Visposal + Hau	oling LLC	
(Firm/Company)		
7508 Rolling Hills Dr		
(Address)		
Jacksonville FL 32221		
Jacksonville, FL 32221 (City/State and Zip Code)		_
For further information concerning this ma	atter, please call	l:
Matthew King (Name of Contact Person)	at (904) 801-6340
(Name of Contact Person)	(Area Coc	le & Daytime Telephone Number)
Enclosed please find a check made payable \$25 Filing Fee		Department of State for: ng Fee & Certified Copy
STREET/COURIER ADDRESS:		MAILING ADDRESS:
Registration Section		Registration Section Division of Corporations
Division of Corporations		Division of Corporations

P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (2/14)

Clifton Building

2661 Executive Center Circle

Tallahassee, Florida 32301



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 Departme
of State is:	own Disposal & Hauling LLC
	ment/registration number assigned to this limited liability company is:
L1900003	7568 ES S
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is: 10-1-2014
4.1. Matthew (Print N	S. King hereby withdraw/resign as a me of Person Resigning).
AMBR /PA	mber/manager withdrew/resigned or will withdraw/resign is: S.
of this limited lial resignation in wri	
nother !	Thing
Signature of Di	ssociating Member or Resigning Manager
	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)