

L19 000060416

(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



900355841939

12/14/20--01039--025 **55.00

FILED
2020 DEC 14 PM 5:16
STATE
TALLAHASSEE, FL

O SIMMONS
JAN 25 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SCHENCK'S DONE RIGHT DETAIL 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:

TARA WHIPP-KOLEK

(Contact Person)

SCHENCK'S DONE RIGHT DETAIL LLC

(Firm/Company)

3115 GRAFTON ST

(Address)

SARASOTA FL 34231

(City/State and Zip Code)

For further information concerning this matter, please call:

TARA WHIPP-KOLEK

(Name of Contact Person)

at (941) 3505804
(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



FILED

2020 DEC 14 PM 5:16

SECRETARY OF STATE
TALLAHASSEE, FL

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: SCHENCK'S DONE RIGHT DETAIL LLC

2. The Florida document/registration number assigned to this limited liability company is:
L19000060416

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 12-1-2020

4. I, TARA WHIPP-KOLEK, 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.


Signature of Dissociating Member or Resigning Manager

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



FILED

2020 DEC 14 PM 5:16

SECRETARY OF STATE
FLORIDA DEPARTMENT OF STATE, TALLAHASSEE, FL
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: SCHENCK'S DONE RIGHT DETAIL LLC

2. The Florida document/registration number assigned to this limited liability company is:
L19000060416

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 12-1-2020

4. I, TARA WHIPP-KOLEK, 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.

Signature of Dissociating Member or Resigning Manager

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