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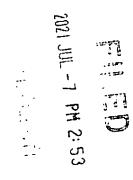
(Requestor's Name)
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(City/State/Zip/Phone #)
_
PICK-UP WAIT MAIL
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COVER LETTER

TO: Registration Section Division of Corporations	
Don Regalon Services 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:
Eduardo Regalon	
(Contact Person)	
(Firm/Company)	
19 A Rainbow Lane	
(Address)	
Palm Coast, FL 32164	
(City/State and Zip Code)	
For further information concerning this n	natter, please call:
Eduardo Regalon	386 220-4631 _ at ()
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payab \$\Boxed{B}\$ \$25 Filing Fee	ble to the Florida Department of State for: ☐ \$55 Filing Fee & Certified Copy
	Street Address:
Mailing Address: Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
Tallahassee, FL 32314	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)

	e limited liability company as it appears on the records of the Florida Department Regalon Services, LLC
2. The Florida doc	nument/registration number assigned to this limited liability company is:
3. The date this m	ember/manager withdrew/resigned or will withdraw/resign is:
4. 1(Print	., hereby withdraw/resign as a Name of Person Resigning)
MGR	
	(Print Title)
resignation in w	to de la comparte del la comparte de la comparte del la comparte de la comparte d
Signature of I	bissociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)