## 19000142084

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## **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: Pecision Pest Defens (Name of Limited Liability Con	Se, LLC.			
The enclosed member, resignation or dissociation and fee(s	s) are submitted for filing.			
Please return all correspondence concerning this matter to:				
CHris Gage (Contact Person)	_			
Recision Pert Defenselle	_			
23208 Adola Auc. (Address)	_			
Port CHarlotte, FL 33952 (City/State and Zip Code)	_			
For further information concerning this matter, please call:				
CHris Gege at (279 (Name of Contact Person) (Area Code	) 399-0254 & Daytime Telephone Number)			
Enclosed please find a check made payable to the Florida D				
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			



## 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	e limited liability company as it	appears on the records of	the Florida Department
	ecision Pest Dur		
2. The Florida doc	cument/registration number assi	gned to this limited liabili	ty company is:
L190001	42084	<u></u> .	
3. The date this me	ember/manager withdrew/resign	ned or will withdraw/resig	n is: 10/16/24
4.1, <u>Mic X</u>	zel Brogolon Name of Person Resigning)	, hereby withdraw/resig	gn as a
Mana	9c (Print Title)		
of this limited lia resignation in wi	bility company and affirm the liting.	imited liability company h	nas been notified of my
mi			
Signature of D	ssociating Member or Resignin	g Manager	24 0 1.11
	\$25.00 (Required) \$30.00 (Optional)		24 DCT 22 1
			FH 12: 06