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## **COVER LETTER**

TO: **Registration Section Division of Corporations** TURN IT SERVICES LLC SUBJECT: (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: DAVID ANDERSON (Contact Person) TURN IT SERVICES LLC (Firm/Company) 113 DOTHAN RD (Address) BLAKELY GA 39823 (City/State and Zip Code) For further information concerning this matter, please call: DAVID ANDERSON (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: □ \$55 Filing Fee & Certified Copy ■ \$25 Filing Fee Street Address: Mailing Address: Registration Section Registration Section **Division of Corporations Division of Corporations** The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314 Tallahassee, FL 32303



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS 2023 HAR ~9 PM 2: 05

## 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 Florida Department
		assigned to this limited liability company is:
	-	signed or will withdraw/resign is: 04/01/2022, hereby withdraw/resign as a
AMBR/ <del>REGISTE</del>		, nereby willidraw/resign as a
	oility company and affirm th	he limited liability company has been notified of my
	\$25.00 (Required) \$30.00 (Optional)	ming Manager