119000231099

(Re	equestor's Name)	
(Ad	ldress)	
(Ád	idress)	
(Cir	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: PRESSURE WASHING (Name of Limited Liability Com	DUDES, CLC
The enclosed member, resignation or dissociation and fee(s)	are submitted for filing.
Please return all correspondence concerning this matter to:	
Benjamin L. Ingram (Contact Person)	
PRESSURE WASHING DUDE	5,410
10935 LIVINGSTON DRIVE	
NEW PORT PICHEY, FC 34	1654
For further information concerning this matter, please call:	
Benjamin L Ingram at (813) (Name of Contact Person) (Area Code &	297 - 135 & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida De ☐ \$25 Filing Fee ☐ \$55 Filing	epartment of State for: Fee & Certified Copy
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)

of State is: PRESSURE WASHING DUTES, LLC	
or state in	
2. The Florida document/registration number assigned to this limited liability company is:	
L19000231099	
3. The date this member/manager withdrew/resigned or will withdraw/resign is: $11 - 01 - 2$	01
4. I, NOIZMA CINERAM, hereby withdraw/resign as a (Print Name of Person Resigning)	
MGR_ (Print Title)	
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.	
Name of Dissociating Member or Resigning Manager	
Signature of Dissociating Member of Resigning Manager	
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	