# L19000267697

(Requestor's Name)
(Address)
<u> </u>
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer:

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resignation or dissociation to member/meneses member/meneses member/meneses



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#### COVER LETTER

	gistration Section	•	• .
אוכו	vision of Corporations		
SUBJECT	THE HAPPY SERVICE COMPANY  : _	Y LLC	
	(Name of Lim	nited Liability Co	ompany)
The enclose	ed member, resignation or dissoci	iation and fee(	(s) are submitted for filing.
Please retu	rn all correspondence concerning	this matter to	:
WILLIAM C	CAICEDO JR		
	(Contact Person)		_
ТНЕ НАРРУ	SERVICE COMPANY LLC		
	(Firm/Company)		_
11383 SW 11	13 PLACE		
_	(Address)	<del></del>	_
DAVIE, FL 3	33325		
_	(City/State and Zip Code)		<del>-</del>
For further	information concerning this matte	er, please call:	
WILLIAM C.		786 at (	340-2693
(1	Name of Contact Person)	- \	& Daytime Telephone Number)
Enclosed pl ■ \$25 Filir	lease find a check made payable to		Department of State for: g Fee & Certified Copy
	.5	ا الله الـ الـ ودوق الــــــــــــــــــــــــــــــــــــ	g ree & certified copy
Reg Divi P.O.	ing Address: istration Section ision of Corporations . Box 6327 ahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E079 (2/14)



### FILED

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SE REMARK IF STAR

#### 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 HAPPY SERVICE COMPANY LLC
2. The Florida doc L19000267697	eument/registration number assigned to this limited liability company is:
WILLIAMSCAL	cember/manager withdrew/resigned or will withdraw/resign is:  CEDO JR
of this limited lia resignation in wr	(Print Title) bility company and affirm the limited liability company has been notified of my iting.
Signature of D	issociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)