L200000008123

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

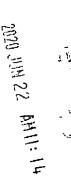
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COVER LETTER

Division of Corporations Property Damage Pro's 911, 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: John M Crescente (Contact Person) Property Damage Pro's 911, LLC. (Firm/Company) 6717 Benjamin Rd Unit 642 (Address) Tampa, FL 33634 (City/State and Zip Code) For further information concerning this matter, please call: John M Crescente at (____ (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: **\$25** Filing Fee □ \$55 Filing Fee & Certified Copy Mailing Address: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E079 (2/14)

TO:

Registration Section



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 a erty Damage Pro's 911, LLC.	s it appears on the records of the Florida Departmen	nt
2. The Florida doc L20000008123	ument/registration number a	ssigned to this limited liability company is:	
3. The date this mo	ember/manager withdrew/res	signed or will withdraw/resign is:	
4. I, Rich A Lapiana (Print N	lame of Person Resigning)	, hereby withdraw/resign as a	
	(Print Title)		
resignation in wr		he limited liability company has been notified of m	у
Filing Fee:	\$25.00 (Required)	2020	נו
Сепинеа Сору:	\$30.00 (Optional)	22 MII:	ر . نيس