420000164431

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COVER LETTER

Registration Section

TO:

Division of Corporations ON SCENE PROPERTY 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 Rodrigues CPA (Contact Person) David Rodrigues CPA PA (Firm/Company) 101 N Missouri Ave (Address) Clearwater, FL 33755 (City/State and Zip Code) For further information concerning this matter, please call: David Rodrigues (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 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314

Tallahassee, FL 32303





DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

1. T	he name of the limited liability company as it appears of	n the records of the Florida Department
0	f State is: ON SCENE PROPERTY SERVICES LLC	·
	he Florida document/registration number assigned to the .20000164431	is limited liability company is:
3. T	he date this member/manager withdrew/resigned or will	withdraw/resign is: August 3, 2021
4. I,		withdraw/resign as a
,	(Print Name of Person Resigning) Authorized Member	
-	(Print Title)	
	this limited liability company and affirm the limited liab signation in writing.	oility company has been notified of my
	Signature of Dissociating Member or Resigning Manage	