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(Re	questor's Name)	
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(Cit	y/State/Zip/Phon	е #)
PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to	Eiling Officer:	
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Office Use Only



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AGGRETARY OF STATE

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Soft Touch Pressure Washing LLC (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:
Franklin Zambruso (Contact Person)
Soft Touch Pressure Washing LLC (Firm/Company)
12 Broadway Cir. (Address)
City/State and Zip Code)
For further information concerning this matter, please call:
Franklin Zambrano at (239) 265-2726 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 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)

imited liability company as it appears on the	e records of the Florida Department
H Touch Pressure Wash	ring IIC
ment/registration number assigned to this lir	mited liability company is:
174548	
nber/manager withdrew/resigned or will wit	hdraw/resign is: <u> </u>
nne of Person Resigning), hereby wi	thdraw/resign as a
Print Title)	
	y company has been notified of my
2	
ssociating Member or Resigning Manager	φ 2
\$25.00 (Required) \$30.00 (Optional)	2020 AUG 20 F