## LZO 000 184998

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





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SEP 2 1 70 cm

09/22/20--01013--030 \*\*25.00





## **COVER LETTER**

**TO:** Registration Section Division of Corporations

SUBJECT: Malosi Recycle 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:					
Amanda M. Toomata (Contact Person)					
Malosi Recycle LLC (Firm/Company)					
2896 Floresta Dr NE					
Palm Bay, FL 32905 (City State and Zip Code)					
For further information concerning this matter, please call:					
Amarch M. Toomata at (321) 195-0470 (Name of Contact Person) (Area Code & Daytime Telephone Number)					
Enclosed please find a check made payable to the Florida Department of State for:  \$\sigma \text{S25 Filing Fee}  \text{S55 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 32303

Tallahassee, FL 32314



## 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)

1. The name of the	limited liability company as it ap	pears on the records of	the Florida Department
	alosi Recycle	•	
2. The Florida doc	ument/registration number assign	ed to this limited liabilit	y company is:
3. The date this me	ember/manager withdrew/resigned	or will withdraw/resig	n is: <u>8-28-70</u> 20
4. 1, <i>KATIE</i> (Print )	M. TOOMATA 'ame of Person Resigning)	, hereby withdraw/resig	en as a
AN	1BR (Print Title)		
of this limited lia resignation in wr	bility company and affirm the lim iting.	ited liability company h	nas been notified of my
Signature of D	Sociating Member or Resigning	Manager	F-11 SEP 22
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		RH 90 D 30 21