L20000302908

(Requestor's Name)
(Address)
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(13333)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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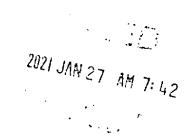
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: The Dip Spot L	LC Liability Company)
The enclosed member, resignation or dissociation	on and fee(s) are submitted for filing.
Please return all correspondence concerning this	s matter to:
Joseph Doman (Contact Person)	V-1
Prime Accounting and Payrol	LUC_
4101 Washington St. (Address)	·
Hollywood, FL 33021 (City/State and Zip Code)	
For further information concerning this matter,	please call:
Joseph Doman at (Name of Contact Person)	(973) 964 6109 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	ne Florida Department of State for: 3 \$55 Filing Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 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)

1. The name of the lim	ited liability company as it appears on the records of the Florida Department
of State is:	Dip Spot, LLC
2. The Florida docume	nt/registration number assigned to this limited liability company is:
L20000302	2908
3. The date this member	er/manager withdrew/resigned or will withdraw/resign is: 12/31 2020
., .,	Hrus a, hereby withdraw/resign as a of Person Resigning)
MGR	a Title)
of this limited liability resignation in writing	y company and affirm the limited liability company has been notified of my
Signature of Dissoc	ciating Member or Resigning Manager
Filing Fee: S Certified Copy: S	\$25.00 (Required) \$30.00 (Optional)