## 120000313931

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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## **COVER LETTER**

TO: Registration Section **Division of Corporations** A-GAME AUTO DETAILING, 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: JONATHAN KNAPP (Contact Person) A-GAME AUTO DETAILING, LLC (Firm/Company) 3793 SHORE BLVD (Address) OLDSMAR, FL 34677 (City/State and Zip Code) For further information concerning this matter, please call: JONATHAN KNAPP (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 Street Address: Mailing Address: Registration Section Registration Section **Division of Corporations** Division of Corporations The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314 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)

	limited liability company as it ap		Florida Department
2. The Florida doc L20000313831	ument/registration number assign	ned to this limited liability co	ompany is:
3. The date this me	ember/manager withdrew/resigne	d or will withdraw/resign is:	01/20/2021
4. I, SHANNON HODGE, hereby v			
(Print)	same of Person Resigning)		
AUTHORIZED	PERSON		
	(Print Title)		
of this limited lia resignation in w	bility company and affirm the liniting.	nited liability company has b	
Signature of Dissociating Member or Resigning Manager			02) JAN 25
C	U C	-	
			(A) (A)
	\$25.00 (Required)		70
Certified Copy:	\$30.00 (Optional)		