

L20000333456

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

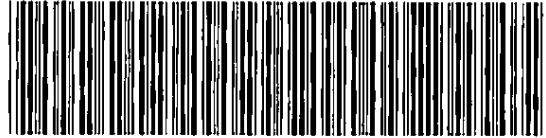
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TALLAHASSEE, FLORIDA

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: peterson heating & cooling 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:

crystal reynolds
(Contact Person)

peterson heating & cooling llc.
(Firm/Company)

5 s desoto st
(Address)

beverlyhills fl 34465
(City/State and Zip Code)

For further information concerning this matter, please call:

crystal reynolds at 352 634-5281
(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

☐ \$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 limited liability company as it ~~appears on the~~ records of the Florida Department of State is: peterson heating & cooling llc.

2. The Florida document/registration number assigned to this limited liability company is:
120000333456

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 12-30-2023

4. I, david peterson, hereby withdraw/resign as a
(Print Name of Person Resigning)
mang member
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

X David Peterson
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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