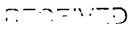
hZI 0000 99645

(Requ	iestor's Name)	-
(Addr	ess)	
(Addre	ess)	<u>.</u>
`	•	
(City/9	State/Zip/Phon	<u> </u>
(City).	JIBIEJZIPIFIIOII	-
PICK-UP	MAIT	MAIL
(Busin	ness Entity Nar	ne)
(Docu	iment Number)	
·		
Certified Copies	Certificate	e of Status
Certified Copies	Octimoate.	
		
Special Instructions to Fil	ing Officer:	

Office Use Only



300364259543



ATR 1 D TOZI

04/20/21--01011--029 **25.00

2021 APR 19 AM II: 47

COVER LETTER

TO:	_	stration Section sion of Corporations					
	DIVIS	sion of Corporations					
SUBJ	ECT:	Ultimate Waste Solutions - Resid	lential, LLC				
		(Name of Limited Liability Company)					
The er	nclosed	d member, resignation or diss	sociation and fee	(s) are submitted for filing.			
Please	return	all correspondence concerni	ing this matter to):			
Crystal	l Boyles	3					
		(Contact Person)		_			
Adams	Sanitat	ion Holding Company, LLC					
		(Firm/Company)					
5750 H	lighway	4					
		(Address)					
Baker,	FL 325	71					
-		(City/State and Zip Code)					
For fu	rther i	nformation concerning this m	iatter, please call	l:			
Nathan	Boyles		850 at (582-2211			
	(N	fame of Contact Person)		le & Daytime Telephone Number)			
Enclos	sed ple	ase find a check made payab	le to the Florida	Department of State for:			
\$25	5 Filing	g Fee	☐ \$55 Filir	ng Fee & Certified Copy			
	<u>Mailir</u>	ng Address:		Street Address:			
	Regis	stration Section		Registration Section			
		sion of Corporations		Division of Corporations			
		Box 6327 hassee, FL 32314		The Centre of Tallahassee			
	тапа	11a55CC, FL 52514		2415 N. Monroe Street, Suite 810 Tallahassec, FL 32303			

CR2E079 (2/14)



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)

	e limited liability company a	• •	e records of the	Florida De	epartm	ent
2. The Florida doc	ument/registration number	assigned to this li	mited liability co	ompany is:	:	
L21000099645		•			23	
Ouentin Kitzan	ember/manager withdrew/re	-	thdraw/resign is	35	<u>P</u> 2 1.9	1
(Print)	Name of Person Resigning)	,,			7	
Manager				- T) AM 11: 47	ب
	(Print Title)			RIDA	-	
of this limited lia resignation in w	ability company and affirm triting.	he limited liabilit	y company has l	been notifi	ed of i	my
Signature of D	issociating Member or Resi	gning Manager				
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)					