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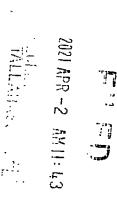
(Red	questor's Name)	
(Add	dress)	
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(City	//State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nam	ne)
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D. BRUCE MAY 23 WY

## **COVER LETTER**

•	on Section of Corporations			
SUBJECT: WR	AP IT UP JUNK REMOVA			
	(Name of	Limited Liability Con	ipany)	
The enclosed me	mber, resignation or dis	sociation and fee(s	) are submitted for filing	<u>?</u> .
Please return all	correspondence concern	ing this matter to:		
Anthony Knighton				
	(Contact Person)	· ,	•	
WRAP IT UP JUNI	CREMOVAL LLC			
	(Firm/Company)		-	
7749 NORMANDY	BLVD. STE 121-357			
	(Address)		-	( )
JACKSONVILLE,	FL 32221			A S
	(City/State and Zip Code)		-	), 9.5 1,21 1,51
For further inform	mation concerning this n	natter, please call:		
Anthony Knighton		904 at (	7779377	 ::_
(Name	of Contact Person)	(Area Code	& Daytime Telephone Nu	mber)
Enclosed please : ■ \$25 Filing Fed	find a check made payab e		Department of State for: Fee & Certified Copy	
Mailing Ac			Street Address:	
_	on Section of Corporations	Registration Section Division of Corporations		
P.O. Box			The Centre of Tallahass	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E079 (2/14)

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)

	limited liability company as	it appears on the records of	the Florida Department	
2. The Florida docu 1.21000124240	ument/registration number as	ssigned to this limited liabilit	ty company is:	
3. The date this me	mber/manager withdrew/res	signed or will withdraw/resig	n is:	
	I. Joshua Knighton			
(Print N MBR	'ame of Person Resigning) .			
	(Print Title)		62	
of this limited lia resignation in wr	bility company and affirm the iting.  hua Kussissociating Member or Resign	ne limited liability company l	2	
Signature of D	issociating Member or Resig	gning Manager		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		ů Č	