

L21000126511

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

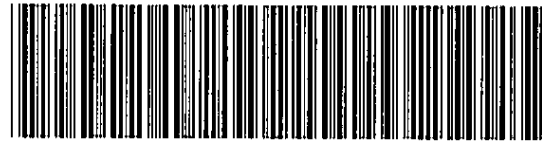
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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06/14/21--01:13 -COT **29.00

2021 JUL 26 AM 9:11

FILED

Resignation

JUL 31 2021
ALBRITTON



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2021 JUL 26 PM 2:37

July 14, 2021

JASSON LOPEZ
19408 NW 83 AVE
MIAMI, FL 33015

SUBJECT: DEMONS TOWING LLC
Ref. Number: L21000126511

We have received your document for DEMONS TOWING LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The person resigning and the person signing the resignation document must be the same.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Octavia L Simmons
Regulatory Specialist II Supervisor

Letter Number: 121A00016092

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: L21000126511

(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:

JASSON LOPEZ

(Contact Person)

(Firm/Company)

19408 NW 83 AVE

(Address)

MIAMI, FLORIDA 33015

(City/State and Zip Code)

For further information concerning this matter, please call:

JASSON LOPEZ

at (786) 6596975

(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



FILED
2021 JUL 26 AM 9:11
TALLAHASSEE, FL

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: FLORIDA
2. The Florida document/registration number assigned to this limited liability company is:
L21000126511
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 05/24/2021
4. I, JOHN LOPEZ, hereby withdraw/resign as a
(Print Name of Person Resigning)
AP
(Print Title)

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

Signature of Dissociating Member or Resigning Manager

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