## L21000 210512

(Re	equestor's Name)	
	_	
(Ad	idress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone	· #)
PICK-UP	WAIT	MAIL
(Bu	ısiness Entity Nam	ne)
(Do	ocument Number)	
•	,	
Certified Copies	Certificates	of Status
Octimed Copies		<u></u>
r		<del></del>
Special Instructions to	Filing Officer:	





800371407488

08/10/21--01024--013 \*\*25.00

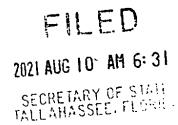
ON 123 AUGI THE TILED AN 6:30

## **COVER LETTER**

Registration Section TO: Division of Corporations Right On Time Watch Repair 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: Sherrie Davis (Contact Person) Right On Time Watch Repair LLC (Firm/Company) 512 Ravenna St N (Address) Nokomis, FL 34275 (City/State and Zip Code) For further information concerning this matter, please call: Sherrie Davis (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: □ \$55 Filing Fee & Certified Copy **\$25** Filing Fee 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)

	e limited liability company a On Time Watch Repair LLC	as it appears on the records of the Florida Department
2. The Florida doc	ument/registration number a	assigned to this limited liability company is:
L21000210512		
3. The date this me	ember/manager withdrew/re	signed or will withdraw/resign is: 08/06/2021
Jeffrey Davis 4. I.		, hereby withdraw/resign as a
(Print)	Name of Person Resigning)	, hereby withdraw/resign as a
CEO		
_	(Print Title)	
of this limited lia resignation in wi		he limited liability company has been notified of my
	Jely & RN	<i></i> _
Signature of D	issociating Member or Resig	gning Manager
Filing Fee:	\$25.00 (Required)	
	\$30.00 (Optional)	