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(Dequestaria Nama)				
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COVER LETTER

TO: Registration Section Division of Corporations Sharpe's Pressure Washing Service 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: Charles Sharpe (Contact Person) Sharpe's Pressure Washing Service LLC (Firm/Company) 438 Bascom Ct (Address) Polk City, FL 33868 (City/State and Zip Code) For further information concerning this matter, please call: Charles Sharpe 863 at (___ (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: Street 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 32303

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)

	e limited liability company as		ds of the Florida Department
1.21000236841	ument/registration number a		iability company is:
3. The date this me	ember/manager withdrew/res	signed or will withdraw/	/resign is:
Victoria L Whee	eldon	harahu withdean	drawian as a
(Print	lame of Person Resigning)	, hereby willidraw	riesign as a
MGR-Manager	• •		
	(Print Title)		
of this limited lia resignation in wi	bility company and affirm thiting.	ne limited liability comp	pany has been notified of my
Signature of D	ssociating Member or Resig	ning Manager	7021 7747
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		SEP 23 AH 9