## 121000377346

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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## **COVER LETTER**

-	stration Section sion of Corporations					
SUBJECT:	Compass Pro-Wash LLC					
	(Name of L	imited Liability Com	ipany)			
The enclosed	d member, resignation or disso	ociation and fee(s)	) are submitted for filing	ţ,		
Please return	all correspondence concernir	ng this matter to:				
Sheldon Lee A	liberts					
	(Contact Person)	<u></u>	-			
Compass Pro-v	wash LLC					
	(Firm/Company)		•			
7092 Sweden	Blvd					
	(Address)		•			
Punta Gorda F	L 33982					
	(City/State and Zip Code)		-			
For further i	nformation concerning this ma	atter, please call:		CCCK	2021 OCT 15	- T
Sheldon Lee A	liberts	941 at (	7870285		11	
(N	Jame of Contact Person)	<del></del> \	& Daytime Telephone Nu	mber),		. T
Enclosed plo	ease find a check made payable g Fee		repartment of State for: Fee & Certified Copy	1673 1716 1717 1717	4위 10: 21	

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

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)

	limited liability company as it appears on the records of the Florida Department ass Pro-Wash LLC
	iment/registration number assigned to this limited liability company is:
4. I, Kayla L Edwards	, hereby withdraw/resign as a square of Person Resigning)
Assistant	Print Title)
resignation in wr	bility company and affirm the limited liability company has been notified of my ting.  L. C.
	\$25.00 (Required) \$30.00 (Optional)