

(Requestor's Name)				
(Add	ress)			
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(City	/State/Zip/Phone	#)		
PICK-UP	WAIT	MAIL		
(Bus	iness Entity Name	e)		
(Document Number)				
Certified Copies	Certificates (of Status		
Special Instructions to F	iling Officer:			
11m/12				





09/11/24--01018--021 **25.00

COVER LETTER

Division of Corporations	
SUBJECT: Prestige Disastering Service (Name of Limited Liability	es lic
(Name of Limited Liability	Company)
The enclosed member, resignation or dissociation and for	ee(s) are submitted for filing.
Please return all correspondence concerning this matter	to:
(Contact Person)	<u>.</u>
Prestige Deposition Sessices LC (Firm/Company)	
240 W 68 St #103 (Address)	
Hickcan FL 33014 (City/State and Zip Code)	
For further information concerning this matter, please of	call:
Leydi, Norden con at (186 (Name of Contact Person) (Area C	Odc & Daytime Telephone Number)
Enclosed please find a check made payable to the Florid \$\text{\$\subseteq}\$ \$25 Filing Fee \$\text{\$\subseteq}\$ \$55 Filing	da Department of State for: iling 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

TO: Registration Section



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 ap	pears on the re	cords of the Florid	a Department
of State is:	Prestige Deputoring	Gruices	لار	
2. The Florida docu	ment/registration number assign	ed to this limite	ed liability compan	y is:
<u>L21000 2</u>	82806			
3. The date this men	mber/manager withdrew/resigne	d or will withdr	aw/resign is: <u>حجه</u>	trope 01, 2024
4. I, (Print No.	ame of Person Resigning)	, hereby withda	raw/resign as a	(a. 1 -
Nana	Print Title)			
of this limited liab resignation in wri	pility company and affirm the lin	nited liability co	ompany has been n	otified of my
Signature of Di	ssociating Member or Resigning	Manager	•	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			