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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(StyroaderZiph Hone #)
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COVER LETTER

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SUBJECT:	STANDING	STRONG	KIMAACIA	n Company	Ĺ
	(Nam-	of Limited Liability	Company)		
The enclosed me	ember, resignation or	dissociation and f	ee(s) are submitted	for filing.	
Please return all	correspondence conc	erning this matter	to:		
STEVE	CHAMB	ERLAND			
	(Contact Person)	***			
	(Firm/Company)				
313 C	EDAR LAN	16			
	(Address)				
LARGO	City/State and Zip Code	170			
	(City/State and Zip Code	2)			
For further infor	mation concerning th	is matter, please c	all:		
STEVE	CHAMBELLA of Contact Person)	M> at (72	7, 277	2252	
(Namo	of Contact Person)	(Area C	ode & Daytime Tele	phone Number)	
Enclosed please	find a check made pa	vable to the Florid	la Department of S	tate for:	

Registration Section

Division of Corporations

TO:

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



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 cor	npany as it appea	rs on the records	of the Florida Dep	artment
of State is:	STANDING	STRONG	Pho DUCT	10M Compan	14 M
2. The Florida doc	ument/registration n	umber assigned t	o this limited liab	oility company is:	
<u>L21</u>	0002981	60			
3. The date this me	ember/manager with	drew/resigned or	will withdraw/res	sign is: <u>8 3</u>	1/21
4. I, (Print N	VAAEU M.	<u>AZUR</u> , he	reby withdraw/re	sign as a	
	6 R (Print Title)	·			
resignation in wr	bility company and iting.		liability compan		l of my
Signature of D	issociating Member	or Resigning Ma	nager	2021 SEP 22 SECRETARY	
	\$25.00 (Require \$30.00 (Optiona			·	