## L21000379365

(Requestor's Name)					
(Address)					
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(Address)					
(Madress)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Dunings Fath, March)					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
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Office Use Only



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2021 SEP 22 MHH: 09
SECRETARY OF SHATE

## COVER LETTER

Division of Corporations
SUBJECT: COUNTIMITED SERVICES LLC (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:
Orsula Riley (Contact Person)
CUUNLIMITED SERVICES, LLC (Firm/Company)
500NByrd Ave
Avon Park F1 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (407) 234-5649  (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$\sum_\$\$ \$25 Filing Fee \$\sum_\$\$ Certified Copy
Mailing Address:  Registration Section  Street Address:  Registration Section

Registration Section

Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E079 (2/14)

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

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	y as it appears on the record	ds of the Florida Department
		DSERVICES A	
of State is:	ONALINIT	DUFILITIES F	· W.
2. The Florida doc	ument/registration numbe	r assigned to this limited li	ability company is:
L21000	0379365		
3. The date this me	ember/manager withdrew/	resigned or will withdraw/	resign is: <u>9/16/2021</u>
4. I, Ursula (Print N	Riley Jame of Person Resigning)	, hereby withdraw	resign as a
4 0 0	(Print Title)		
of this limited lia resignation in wr		the limited liability comp	any has been notified of my
Usul	Rily		2021 S SECR TAL
Signature of Di	ssociating Member or Re.	signing Manager	FILANA LLANA
Filing Fee:	\$25.00 (Required)		29 💂 .N
Certified Copy:	\$30.00 (Optional)		SUE SEA