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(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
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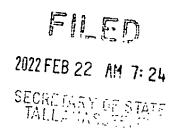
TO: Registration Section Division of Corporations	
SUBJECT: COUNTY BOUZ (Name of Limit	Mobile Detailing ed Liability Company)
The enclosed member, resignation or dissocia	tion and fee(s) are submitted for filing.
Please return all correspondence concerning t	his matter to:
Mark Roberts (Contact Person)	
Clumby Bur Madre (Firm/Company)	Detailing
25/10 Spring Harry	Circle ap+8
M+ QVA FL 3075 (City/State and Zip Code)	
For further information concerning this matter	r, please call:
(Name of Contact Person)	at (352) 554-6336 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to ☐ \$25 Filing Fee	the Florida Department of State for: ☐ \$55 Filing Fee & Certified Copy
Mailing Address:	Street Address: Pagistration Section
Registration Section Division of Corporations	Registration Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

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)

_	limited liability company as it appears on the records of the Florida Department
of State is:	anmy Bayz Mobble Detailing
2. The Florida docu	ment/registration number assigned to this limited liability company is:
87-34	25096
3. The date this mer	nber/manager withdrew/resigned or will withdraw/resign is: 12 17 2
f > 1	hereby withdraw/resign as a me of Person Resigning)
Murucp	Print Title)
of this limited liab	oility company and affirm the limited liability company has been notified of my
resignation in wri	
(
Signature of De	sociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Conv.	\$30.00 (Optional)