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SECRETARY OF STATE JAN 15 PH 1:

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Tyson Retroleum Sev M (Name of Limited Liabi	
The enclosed member, resignation or dissociation an	nd fee(s) are submitted for filing.
Please return all correspondence concerning this mat	tter to:
(Contact Person)	
Tyson Petruleum Contracto (Firm/Company)	<u> </u>
1525 Capital Coule NW, Suites	
Tallahance, FL, 32303 (City/State and Zip Code)	2025 JA SECRE TALI
For further information concerning this matter, pleas	se call: LAH 55
(Name of Contact Person) at (St.	se call: SECRETARY OF STATE SECRETARY OF STATE Second & Daytime Telephone Number) FL Orida Department of State for:
and the second s	orran a symmetric or other torr
□ \$25 Filing Fee □ \$55	5 Filing 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

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)

1. The name of the	limited liability company as it appears on the records of the Florida Department
of State is:	son Petroleum Services LLC
2. The Florida docu	ment/registration number assigned to this limited liability company \$2000 AND 1901
3. The date this men	mber/manager withdrew/resigned or will withdraw/resign is: 12 3 5 2 2
4.1. <u>JOSh</u>	BOYETT , hereby withdraw/resign as a me of Person Resigning), hereby withdraw/resign as a
Aw	BR Print Title)
of this limited liab resignation in wri	oility company and affirm the limited liability company has been notified of my ting.
Joshi	Boyett
	ssociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)
Corunea Copy.	\$30.00 (Optional)