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COVER LETTER

TO: Registration Section **Division of Corporations** Treasure Coast Appliance Sales, LLC SUBJECT: (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: Matthew Gustafson (Contact Person) Treasure Coast Appliance Sales, LLC. (Firm/Company) 3950 SE Lee St. (Address) Stuart, FL 34997 (City/State and Zip Code) For further information concerning this matter, please call: 561 Matthew Gustafson 632-8449 at (_____ (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: □ \$55 Filing Fee & Certified Copy **■ \$25** Filing Fee Mailing Address: Street Address: Registration Section Registration Section **Division of Corporations** Division of Corporations The Centre of Tallahassee P.O. Box 6327 Tallahassee, FL 32314 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)

	limited liability company as sure Coast Appliance Sales,	s it appears on the records of the Florida Department LLC
2. The Florida docu L22000056815	ument/registration number as	ssigned to this limited liability company is:
		 4/15/2022
3. The date this me David Gonzale	<u> </u>	signed or will withdraw/resign is:
4. I,		, hereby withdraw/resign as a
(Print N	lame of Person Resigning)	
Co-Founder		
	(Print Title)	
of this limited lia resignation in wr		ne limited liability company has been notified of my
David	Jonzalez	
Signature of Di	ssociating Member or Resig	ning Manager
Filing Fee:	\$25.00 (Required)	
_	\$30.00 (Optional)	