

L22000142955

Christopher Bordenaro
350 Pindown way
N Venice FL
34295

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500400157735

01/20/23--01014--007 **55.00

FILED
2023 JAN 20 AM 8:37
CLERK OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Royal Touch Mobile Detailing
(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:

Christopher Bordinaro
(Contact Person)

Royal Touch Mobile Detailing
(Firm/Company)

23194 Fawn Ave.
(Address)

port Charlotte FL 33980
(City/State and Zip Code)

For further information concerning this matter, please call:

Christopher Bordinaro at (904) 556-1808
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☐ \$25 Filing Fee

☒ \$55 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



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED

2023 JAN 20 AM 8:37

SECRETARY OF STATE
TALLAHASSEE, FL

**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: Royal touch Mobile Detailing

2. The Florida document/registration number assigned to this limited liability company is:

86-2800 335 L22000142955

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 09/05/22

4. I, Shawn P Bader, hereby withdraw/resign as a
(Print Name of Person Resigning)

Co-Owner
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my
resignation in writing.

[Signature]

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)