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SEURETARY OF STATE

2022 HAY 23 PM 1: 1

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: THE BIZ RESTAURANT CL (Name of Limited Liability Co	entino Solutions Ompany)
The enclosed member, resignation or dissociation and feet	(s) are submitted for filing.
Please return all correspondence concerning this matter to	:
DAVID FORGET (Contact Person)	
IN THE BIZ RESTAURANT CLEANING SOLUTION (Firm/Company)	<u>ა≲</u>
1001 PINE DEIVE APT # 5 (Address)	
POMPANO BEACH FL 33060 (City/State and Zip Code)	_
For further information concerning this matter, please call	:
DAVID FORGET at (786 (Name of Contact Person) (Area Cod) 918 - 590 4 e & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida	Department of State for: ng Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations P.O. Box 6327	Street Address: Registration Section Division of Corporations The Centre of Vallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314



FILED

2022 MAY 23 PM 1: 14

SECRETARY OF STATE TALLAHASSEE, FL

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 lin	nited liability company as it appears on the records of the Florida Department
of State is: Tw	THE BIZ RESTAURANT CLEANING SOLUTIONS LLC.
2. The Florida docum	ent/registration number assigned to this limited liability company is:
L220001	76792
3. The date this memb	per/manager withdrew/resigned or will withdraw/resign is: 5-11-22
4. I. ELEEN (Print Nam	b. FOEDET , hereby withdraw/resign as a e of Person Resigning)
MANAGER (Pr	int Title)
of this limited liabilities resignation in writing	ity company and affirm the limited liability company has been notified of my
<u>Ciè</u>	en Jorge
Signature of Disso	ociating Member or Resigning Manager
Filing Fee:	
Certified Copy:	\$30.00 (Optional)